

## **CERTIFICATE OF**

## **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

JADENS SUPI	EK STUKE
2. The true name(s) and business address(es) of business under the assumed business name: Name	
GARY J DUGAN	1642 HIGHLAND AVE
	TWIN FALLS, ID 83301
3. The general type of business transacted under	
Retail Trade I ransportation a Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  GARY J DUGAN  1642 HIGHLAND AVE  TWIN FALLS, ID 83301	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	<b>!</b>
	Secretary of State use only
gnature:	IDAHO SECRETARY OF STATE  03/05/2008 05:0  CX: 783212738 CT: 158618 BH: 11
inted Name: Gary J Dugan	IDAHO SECRETARY OF STATE
apacity/Title:	03/05/2008 05:1 0x: 783212738 CT: 158618 BH:

D119710