

CERTIFICATE OF



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.	
NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
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3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
MIDVALE STORAGE PO. 730x 38 MIDVALE ID 8364	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	t Phone number (optional):
COPY is (if other than # 4 above):	208-355-3664
Somuel G. Loice	
CS TOPPOSIA PSES	Secretary of State use only
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Printed Name: Sowel C. L Capacity/Title: Owner (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

03/09/2004 05:00

CK: 1883 CT: 158810 BH: 731741

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