

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

60 FCB 10 AM 9: 38

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAMO

Cr	neck Net
2. The true name(s) and business address(e business under the assumed business name Name Wells Enterprises, LLC.	es) of the entity or individual(s) doing me: Complete Address 2173 Sonoma Dr. Meridian, Idaho 83642
3. The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  William Ryan Wells  2173 Sonoma Dr. Meridian, Idaho 83642	n and Public Utilities  Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):  (208) 412-3299  Secretary of State use only
gnature: William Hann Wells  inted Name: William Ryan Wells  apacity/Title: President  (see Instruction # 8 on back of form)	Security of State  IDAHO SECRETARY OF STATE  92/19/2003 05=0

CK: 1135 CT: 167095 BH: 661857 1 @ 20.00 = 20.00 ASSUM NAME # 2

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