

Capacity/Title:___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D87644

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

2005 HAY -9 & 8: 59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF BAHO

MOTE. See maductions of Teverse before timing	•
 The assumed business name which the undersign business is: Taylors Amusement 	ed use(s) in the transaction of
684 10 9 Hwy 3 Santa, Idaho 83844	Complete Address P.o. Box 235 Santa, Id 83844
3. The general type of business transacted under the Retail Trade Transportation and Programme Transport	
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: Vackie Taylor P.O. Box 235 Santa, Id 83866	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Signature: <u>Jacqueline L. Taylor</u> Signature required L. Taylor	IDAHO SECRETARY OF STATE 95/99/2005 95:00 CK: 3 CT: 158818 BH: 809401 1 @ 25.00 = 25.00 ASSUM NAME # 2