

(see instruction # 8 c n back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

27		20
ASSUN	ERTIFICATE OF MED BUSINESS ection 53-504, Idaho Code, the	Ø: 3
submits for filli Pleas	ng a certificate of Assumed Bur e type or print legibly. Fuctions on reverse before	771 6
business is:	ess name which the under	ersigned use(s) in the transaction of
2. The true name(s) as business under the Nam Kelly Le	assumed business name e	of the entity or individual(s) doing Complete Address O Box 1084 Driggs 10 83471
Retail Trade Wholesale Tra Services Manufacturing	Transportation a Construction Agriculture Mining	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
4. The name and address to correspondence shows the large of the correspondence shows the correspondence and address to correspondence shows the correspondence and address to correspondence and address to correspondence shows the c	ould be addressed:	Name and \$20:00 fee to: 25:00 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address copy is (if other than #4	for this acknowledgment above):	Phone number (optional):
Signature: (Luligen Printed Name: Lelly Capacity/Title: Dwney	Lews	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE (25/08/2003 05 = 00
(see instruction # 8 c	n book of form	6 05/08/2003 05:00

IDAHO SECRETARY OF STATE

05/08/2003 05:00

CK: 1926 CT: 158010 BH: 679461

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