

Capacity/Title:

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

Dovner	Enterprises
The true name(s) and business address(establishes business under the assumed business named business address(establishes)	s) of the entity or individual(s) doing me:
Name	Complete Address
Mark S. Dovner	4218 Sunnyridge Rd
	Nampa, ID. 83686
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is:
☐ Services ☐ Agriculture ✓ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Mark S. Dovner	Secretary of State 700 West Jefferson Basement West PO Box 83720
4218 Sunnyridge Rd	Boise ID 83720-0080
Nampa, ID. 83686	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): 208-466-3797
	Secretary of State use only
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	ristator forms
ed Name: Mark 5 Dovner	*

IDAHO SECRETARY OF STATE 07/09/2004 05:00 CK: 2549 CT: 158010 RH: 754594 1 0 25.00 = 25.00 ASSUM NAME # 2