

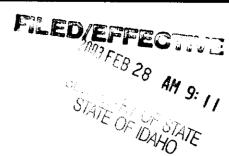
Capacity/Title: PAR+Ner

(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.



1. The assumed business name which the undersignate business is: The G, ++, N Place	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Peter Divita 149 BARBARA A. Divita Horizon	Complete Address Pine GAP 2D
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Peter and Barbara Divita 149 Pine GAP 2D. Horseshee Bend ID \$3629	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
gnature:	Secretary of State use only IDAHO SECRETARY OF STATE

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