Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

7	
CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Busines	lersigned
Please type or print legibly. NOTE: See instructions on reverse before filin	ng.
The assumed business name which the undersign business is:	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Dule A Taylor Ho	Complete Address
	STANS
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Dule A Taylor HCR 85 Box 110-5 Bowners Ferry, ID 83805	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): Mr. & Mrs. Dale A. Taylor H.C. 85 Box 110J Bonners Ferry, ID 83805-9617	Phone number (optional): 208 - 267 - 5878 Secretary of State use only
gnature: Dali A. Tanda	-

IDAHO SECRETARY OF STATE

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CK: 3004 CT: 158010 BH: 824467

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