Capacity: KARTNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)

	(Please type or print legibly. To the SECRETARY OF STATE, STA	See instruction	ns on reverse.
	Pursuant to Section 53-504, Ida gives notice of adoption of an A	· ·	undersigned 67 (55)
1.	The assumed business name which the urbusiness is:	ndersigned us	e(s) in the transaction of
2.	The true name(s) and business address(exbusiness under the assumed business name Name Darrell W. Black Dow Black	me is/are: Cor	or individual(s) doing mplete Address W. TAKERE BOISK ID. 83709
3.	The general type of business transacted u (mark only those that apply) X Retail Trade	ng 🗌 Tra 🔲 Fin	med business name is: Insportation and Public Utilities ance, Insurance, and Real Estate
4.		Phone number	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson	
		Revision 1/88	Secretary of State use only IDAHO SECRETARY OF STATE 02/16/1999 09:00
Signatu		8	1 @ 20.00 = 20.00 ASSUM MAME # 2
Printed	Name: PARRELL W. BLACK	₩	·

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