

Printed Name: _________

(see instruction # 8 on back of form)

Capacity/Title:__

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.

FILED EFFECTIVE

63 NEC 18 AM 8: 41

STATE OF IDAHO

1. The assumed business name which the undersign business is:	suer y
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name TROY E Thomas 9/0 Mr.	Complete Address 5. locust Grove. 1idian Idaho 8:3642
 3. The general type of business transacted under the Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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):	Phone number (optional): 208-86/-6778
- 7/m	Secretary of State use only

g: voorp Vorms Vabon forms Val Revised 04/2003

IDAHO SECRETARY OF STATE
12/18/2003 05:00
CK: 1869 CT: 158810 BH: 717481
1 8 25.88 = 25.88 ASSUM NAME # 3

D 71511