

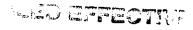
Printed Name: \_\_\_\_\_

Capacity/Title:

Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned ? [[] JUL -5 All 9: 36 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Debra Valentine	1499 Hawthorne Dr. #140
	Moscow, ID 83843
The general type of business transacted under t  Retail Trade  Transportation and	
<ul><li>Wholesale Trade</li><li>✓ Construction</li><li>✓ Agriculture</li></ul>	
	Submit Certificate of Assumed Business
☐ Manufacturing ☐ Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Trainio and Vacious iso
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Debra Valentine	PO Box 83720
1499 Hawthorne Dr. #140	Boise ID 83720-0080
Moscow, ID 83843	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-520-6793
copy to mother many rabovey.	200-320-0733
	Secretary of State use only
ature: Walland (signature required)  Debra Valentine	0/2020
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IDANO SECRETARY OF STATE 67/06/2004 65:00 CK: 1826 CT: 158010 BH: 753968 1 8 25.00 = 25.00 ASSUM NAME # 2