

Capacity/Title: OWNER

Signature: ____

Printed Name: __ Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

121111 AN 9:39

Please type or print legibly. Instructions are included on back of application.

	ess(es) of the entity or individual(s) doing es name:
<u>Name</u>	Complete Address
KALEB SAGERS	2112 S 500 W
	OAKLEY ID 83346
 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Expression 	Submit Certificate of Assumed Business
Finance, Insurance, and Real E The name and address to which futur correspondence should be addressed	State Name and \$25.00 fee to: Secretary of State
KALEB SAGERS	PO Box 83720 Boise ID 83720-0080
2112 S 500 W	208 334-2301
OAKLEY ID 83346	
Name and address for this acknowled copy is (if other than # 4 above):	dgment

abn.pmd Rev.07/2010

IDAHO SECRETARY OF STATE

95/15/2012 95:00

CK: 98812336 CT: 158010 BH: 1324146
1 @ 25.60 = 25.60 ASSUM NAME # 2