

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED/EFFECT

Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Na	
Please type or print legibly. NOTE: See instructions on reverse before filing.	ATE 410
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Wild Wast Emporium	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  Paul Raczka  PaB	complete Address  Ox 674 SunValley ID 8331-3
3. The general type of business transacted under the assumed business name is:  Retail Trade	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Policy L Roczko  Policy L Roczko	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

CODY IS (if other than # 4 above): Signature: Capacity/Title: (see instruction # 8 on back of form)

**IDAHO SECRETARY OF STATE** 20.00 ASSUM NAME

Secretary of State use only