

## 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. Instructions are included on back of application.

## FILED EFFECTIVE

11 MAY 17 AM 9: 10

SECRE BY OF STATE STATE OF IDAHO

	COSSEL BOOKS
The true name(s) and <u>business</u> a business under the assumed bus	address(es) of the entity or individual(s) doing siness name:
<u>Name</u>	Complete Address
TRAVIS M COSSEL	112 JANTONI DR BOISE, ID 83712
. The general type of business train	nsacted under the assumed business name is:
✓ Retail Trade	nsportation and Public Utilities
	nstruction
Services Ag	riculture
Manufacturing Mir	ning Submit Certificate of Assumed Business
Finance, Insurance, and R	
I. The name and address to which	£.h
correspondence should be addre	Oecietaly of Glate
TRAVIS M COSSEL	PO Box 83720
112 JANTONI DR	Boise ID 83720-0080
BOISE, ID 83712	208 334-2301
<del></del>	
<ol> <li>Name and address for this acknowledge.</li> <li>Copy is (if other than #4 above):</li> </ol>	owiedgnient
שביים וויים מומו שיים מוטיים.	
·	<del></del>
•	Secretary of State use only
nature: Mars M Loss	<del></del>
ted Name: TRAVIS M COSSEL	
acity/Title: SELF/SOLE PROPRIETOR	
nature:	IDAHO SECRETARY OF STATE 95/17/2011 95:00
nted Name:	( Pr. 2042 Pt. 150010 bit. 10710)
nacity/Title:	ב בסיפס - במיפס אסטוח האוונ

abn.pmd Rev.07/2010 D 147683