

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.

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

1.	The assumed business name which the under business is: 100000000000000000000000000000000000	ersigned use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Keth Russen Candra Russen I		3/8 3/8
3.	The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:	
·	The name and address to which future correspondence should be addressed: 10 Mbyle Home Transford 14 S. 1000 Burley 10. 83318	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only	
Printe Capa Signa	ed Name: Reith Romus ed Name: Reith RASMUSSEN ed Name: Ayara Talmukka ed Name: Ayara Talmukka ed Name: Ayara Kasmussen	IDAHO SECRETARY OF STATE 94/94/2012 CK: 536 CT: 147548 BH: 131829 1 0 25.00 = 25.00 ASSUM MANE)) 2

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