

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.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The ass business	s is:	ndersigned use(s) in the transaction of Machine
2. The true business	name(s) and business address(es under the assumed business nan Name John Vatsvog	es) of the entity or individual(s) doing me: Complete Address 7247 E Honeysuckle, Athol ID 83801 (Mail) Po Box 703, Athol ID 83801
r	<u></u>	nder the assumed business name is: n and Public Utilities
☐ What ☐ Se ☐ Ma☐ Fin ☐ Fin ☐ Se ☐ Ma☐ Fin ☐ Fi	nolesale Trade Construction rvices Agriculture nufacturing Mining ance, Insurance, and Real Estate e and address to which future ndence should be addressed:	Submit Certificate of Assumed Business
5. Name a copy is	nd address for this acknowledgme	ent ·
		Secretary of State use only
Signature: Printed Name: Capacity/Title:	(signature required) John Vatsvog Owner instruction # 8 on back of form)	IDAHO SECRETARY OF STATE Day