

Capacity/Title:

(see instruction # 8 on back of form)

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.

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business under the assumed business n Name	
() T- 1	Complete Address 3649 S. Lower Fork way Boise D 8709
3. The general type of business transacted	under the assumed business name is:
— — — — — — — — — — — — — — — — — — —	ion and Public Utilities
 ☐ Wholesale Trade ☐ Constructio ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
3649 S. lower fork way BOISE 1D 53709	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledged copy is (if other than #4 above): 	ment Phone number (optional):
	Secretary of State use only