

Printed Name:

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. FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing.

The Wild Rose Lawn  The true name(s) and husiness address(as)	
<ol><li>The true name(s) and business address(es) of business under the assumed business name</li></ol>	of the entity or individual(s) doing
Name	Complete Address
Christy Myers	1306 2nd St S Nampa ID 83651
Ron Myers	1306 2nd St S Nampa ID 83651
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Christy Or Ron Myers	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
1306 2nd St S	Boise ID 83720-0080
Nampa ID 83651	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208-353-6044

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IDAHO SECRETARY OF STATE **96/18/2003 05:00** CK: 8103 CT: 158010 BH: 686696 1 0 25.00 = 25.00 ASSUM NAME II 2