

Printed Name: DCH

e: <u>OWYCY</u>
(see instruction # 8 on back of form)

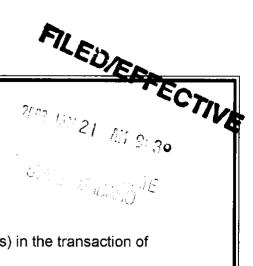
Capacity/Title:

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.



North west Education	•
The true name(s) and business address(es business under the assumed business nam Name Debbie Cooper	• • • • • • • • • • • • • • • • • • • •
The general type of business transacted un Retail Trade Transportation	der the assumed business name is:
 ☐ Wholesale Trade ☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Twin Falls. Id 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only

g.kcorptormstabn formstal Revised 09/2002

IDAHO SECRETARY OF STATE
91/21/2003 05:00
CK: 2814 CT: 158010 BH: 657994
1 8 20.00 = 20.00 ASSUM NAME # 2

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