

CERTIFICATE OF ASSUMED BUSINESS NAME

08 AUG 25 PM 12: 30

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the up business is:	
2. The true name(s) and business address(e business under the assumed business na Name	
3. The general type of business transacted t	under the assumed business name is:
☐ Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction	on and Public Utilities n
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: LIVIS CAPIGA HALLMAN St. #3 Baise ID 83704	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than #4 above). 	ment Phone number (optional):
	Secretary of State use only
Printed Name:	- GOOD OF THE COORD OF STATE O

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