

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

FILED EFFECTIVE

GS MAR 18 PM 4: 19

SECRET OF STATE STATE

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u>	of the entity or individual(s) doing e: <u>Complete Address</u>
	8015es 10 83704
	der the assumed business name is: and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Suain A Cazares  Scoto W.R. Flyman & J 102  Boise 10 8370 H	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional):