

CERTIFICATE OF FILED EFFECTIVE 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.

(see instruction # 8 on back of form)

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SECRETARY OF STATE STATE OF IDAHO

	STAIL LE IDANU
 The assumed business name which the under 	ersigned use(s) in the transaction of
business is:	
Trecept Asto	Broker
2. The true name(s) and <u>business</u> address(es)	of the entity or individual(s) doing
business under the assumed business name	
<u>Name</u>	Complete Address
Damvel M. Carlen	768 Tall Pine Pl.
1/4	
Morgan A. Carison	Meridia ID. 83642
3. The general type of business transacted und	er the assumed husiness name is:
o. The general type of business transacted und	er the assumed business flame is.
Retail Trade Transportation a	and Public Utilities
☐ Wholesale Trade ☐ Construction	
	Submit Certificate of
	Assumed Business Name and \$25.00 fee to:
	Name and \$25.00 (ee (o.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Janual Michael Corlos	PO Box 83720 Boise ID 83720-0080
768 Tall Pine Pl.	208 334-2301
Merodian, ID. 83642	200 00 1 200 1
5. Name and address for this acknowledgmen	t Phone number (optional):
COpy is (if other than #4 above):	
oopy to (if other than # 4 above).	2081860-9141
	Secretary of State use only
	^. •
	1773987
Signature:	I SE S
(signature required)	IDAHO SECRETARY OF STATE
Printed Name: Deniel M. Carlson	E S GG CT: 158010 BH: 731886
Capacity/Title: 6 wue	A CO. ON = 25.00 ASSUM MANE # 2
	Dis Control of the Co