| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) | |
|---|--|
| To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF 13 | |
| 1. The assumed business name which the undersigned use(s) in the transaction business is: | |
| 2. The true name(s) and business address(es) of the entity of business under the assumed business name is/are: Name Name Nov S | plete Address Harding St., Moscow, Fr 63643 |
| The of business transacted under the assun | ned business name is: |
| 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transactedist and Public Utilities | |
| Retail Trade | |
| correspondence should be addressed: | (optional). |
| Michele Kimberling 1002 s Harding St. | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| Musicow Jd 93643 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only |
| Signature: Michele C. Kimberling Printed Name: Michele C. Kimberling Capacity: Manager Towner (see instruction # 8 on back of form) | IDANO SECRETARY OF STATE 09/13/2001 85:00 CK: 4325 CT: 151225 BH: 418867 1 8 20.00 = 20.00 ASSUM NAME 10 483/6 |