

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE** 

13 14H - 7 PM 1: 14

CERTAIN OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business under the assumed business nam Name	) of the entity or individual(s) doing e: Complete Address
	5693 Basio Ad Caldwell old E
The general type of business transacted un-	der the assumed business name is:
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
	Secretary of State 700 West Jefferson
The name and address to which future correspondence should be addressed:  5693 Oasis Rd Caldwell 9d 836	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

rp/forms/abn forms/ab Revised 04/2003

Printed Name: DONIVA S Cullum

(see instruction # 8 on back of form)

Capacity/Title:\_\_\_\_&wne(

IDANO SECRETARY OF STATE 91/97/2005 95:00 CK: CASH CT: 158818 BH: 785964 1 8 25.80 = 25.80 ASSUM NAME # 2