

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

14 SER 26 AN 8: 11

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 und business is:	
The true name(s) and <u>business</u> address(es business under the assumed business name Name	s) of the entity or individual(s) doing ne: Complete Address
<u>Name</u>	
MUNIR ALIBEGIC	2534 N. LAUGHRITGE ALE.
	MERILIAN 12. 83642
☐ Wholesale Trade ☐ Construction	n and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
MUNIK ALIBEGIC 2534 N. LAUGHRIDGE AVE. MESI 21 AN ID. 83642	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	nent Phone number (optional):
COpy is (if other than # 4 above):	208 - 888 - 9429 208 - 881 - <b>5</b> 336
	Secretary of State use only
Signature: Mynin Akkonic	υπο κατο μετρο το κατο μετρο
Printed Name: NUNIR ALIBEAIC	IDAHO SECRETARY OF STATE  102/26/2004 05:00  CK: CASH CT: 158010 BH: 729465  1 8 25.00 = 25.00 ASSUM HAME # 6
Capacity/Title:	1 8 25.00 = 25.00 ASSUM MANE # (