

Printed Name: | COUR

(see instruction # 8 on back of form)

Capacity/Title:\_ 🖯

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersign JAN 19

Submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	- Or IOAGO
1. The assumed business name which the undersign	
business is:	
EIK RIVER RAC	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
	Complete Address
EIK RIVER REGIONAL	2015. First St
- Action Corporation	LOBOX 199
<u> </u>	EIKPWERIN 83827
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  21 K RIDER RAC  21 K RIDER RAC  21 K RIDER ID 83837	
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	108-826-3299
	Secretary of State use only
ignature: Secretary 188	

IDAHO SECRETARY OF STATE

01/19/2006 05:00

CK: 92560708811 CT: 196081 BH: 932954

1 8 25.00 = 25.00 ASSUM NAME # 2

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