

## **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.

2003 OCT 23 AM 8: 57

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

(see instruction # 8 on back of form)

D69944

The assumed business name which the undersign	STATE OF IDAHO  ned use(s) in the transaction of
business is: Settanni's Health Food & Sund	cies
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Paul & Chostine Settlanni 410	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	ublic Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Paul or Christine Settanni  410 E. 4th Ave.  Post Falls, TD, 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
9	Secretary of State use only
Signature: hust Mellow 18 Signature reduired. hust Mellow 18 Settlem 18 Settl	IDAHO SECRETARY OF STATE 10/23/2003 05:00 CK: 2025 CT: 173833 BH: 708026 1 6 25.00 = 25.00 ASSUM NAME # 2