

## 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

11 OCT 26 AM 8:53

SECRE LARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

	Rustic Editions		-
<ol> <li>The true name(s) and <u>business</u> business under the assumed b <u>Name</u></li> </ol>	usiness name:	Complete Address	
Stephanie Wells	3822 N 1	400 E Buhl, ID 83316	_
<u></u>	<u> </u>		
<del> </del>			_
3. The general type of business tr			
	ansportation and Pu onstruction	DIIC UTIIITIES	
	griculture		
and the second s	lining	Submit Certificate of	
Finance, Insurance, and	J	Assumed Business Name and \$25.00 fee to:	٠
Finance, modrance, and	ineal Estate	Name and \$25.00 lee to.	
4. The name and address to which		Secretary of State	
correspondence should be add	ressed:	450 North 4th Street	
Stephanie Wells		PO Box 83720 Boise ID 83720-0080	
3822 N 1400 E		208 334-2301	
Buhl, ID 83316			
5. Name and address for this ack	nowledgment		
COPY IS (if other than # 4 above):			
	<u> </u>	Secretary of State use only	
gnature. Stphania Will	<u> </u>		
inted Name: Stephanie Wells	Maria de la companya	and the second of the second o	
apacity/Title: Owner	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
gnature:			IATE 5 = 0
inted Name:	<del></del>	CK: 1333 CT: 158010 EH: 1 0 25.80 = 25.00 ASSUM	1295( NAM
apacity/Title:			

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