

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.

13 JUL 25 AN 11:55

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

ZODIAC EXPRESSION	SIILE
The true name(s) and business address(es) of the obusiness under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Michael H. Vanbragt 192	5 W. divide creeks
Mer	dian, IDAHO
	83642
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ıblic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
, , , , , , , , , , , , , , , , , , ,	S
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
·	Basement West
ZODIAC EXPRESSIONS TILE	PO Box 83720
1925 W divide Creek ST	Boise ID 83720-0080
Meridian, IDAHO 83642	208 334-2301
.,	Phone number (optional):
<ol> <li>Name and address for this acknowledgment COpy is (if other than #4 above).</li> </ol>	208-794-7303
COPY TO In Other Itlati # 4 above).	
	Secretary of State use only
	Secretary of State use only

IDAHO SECRETARY OF STATE

97/26/2005 05:00

CK: CASH CT: 158010 BH: 823361

1 0 25.00 = 25.00 ASSUM NAME # 2

D90045