

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

074059

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

04 MAY -5 PM 3: 05

STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the end business under the assumed business name:  Name  Separt Drew 555 m	ntity or individual(s) doing  Complete Address  Complete Address  Complete Address
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	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:  Streen Acres CAWA Care 555 MeMortry # 25  Wountern Home, Id. 83647	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Askert T. Drew Capacity/Title:	IDAHO SECRETARY OF STATE 05/05/2004 05:00 CK: 1844 CT: 158010 BH: 743329 1 0 25.00 = 25.00 ASSUM NAME # 2