Printed Name:

Capacity: (

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAM (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: enny 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 8330 i 1492 sourlack Ct 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 208-734-6910 correspondence should be addressed: 1492 Sourlack CX Submit Certificate of Twin Falls Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 INCOME THE PROPERTY OF THE PRO 1 8 20.88 = 20.88 ASSUM NAME # 2 Signature: