	CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BUSINESS NAME ILED See instructions on reverse.) TE OF IDAHO  TE OF IDAHO  TE OF IDAHO
	Pursuant to Section 53-504, Idah gives notice of adoption of an As	tho Code, the undersigned Alegeria (Alegeria) in the sum of the su
1.	The assumed business name which the und business is:	i en j
2.	The true name(s) and business address(es business under the assumed business name	ne is/are:
	Name	Complete Address
	RON WALSH	79 AIKENS ST
		EAGLE, ID
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
The name and address to which future Phone number (optional):  correspondence should be addressed:		Phone number (optional):
	PON WALSH 79 AFKENS ST	Submit Certificate of Assumed Business Name and \$20,00 fee to:
5.	EAGLE, TO 93616  Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Int Basement West PO Box 83720 Boise ID 83720-0080
		208 334-2301
		EDANO-WEEKET BRY OF STATE!
		68/26/1999 69:66 5 CK: 1633 CT: 117559 BH: 245246
Signatu	ure:	1 # 28.06 = 28.08 ASSUM NAME # 2
Printed Name: RON WASH		
Printed Name: RON WAISH  Capacity: OWNEL  D 28700		

(see instruction # 8 on back of form)