

Capacity/Title:__

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Retail Trade	T WATER	ES BROTHERS
Wholesale Trade	business under the assumed business na Name BYRL HAINES	ame: Complete Address
Wholesale Trade		
NEW PLYMOUTH ID 83655 5. Name and address for this acknowledgment	Wholesale Trade ☐ Constructio ☐ Services ☑ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate ☐ The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720
5. Name and address for this acknowledgment	6793 BUTTE RD	(208) 334-2301
	NEW PLYMOUTH ID 83655	
Secretary of State use only		

IDAHO SECRETARY OF STATE

04/15/2008 05:00

CK: 165468 CT: 181866 BH: 1118972

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