Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idah gives notice of adoption of an As	eumed R	usiness Name
1.	The assumed business name which the unbusiness is:	dersigned	l use(s) in the transaction of €
	RELIC PACKING		
2.	The true name(s) and business address(es business under the assumed business name  Name  BRUCE ANDREW HALE	ne is/are:	ntity or individual(s) doing <u>Complete Address</u> N・ALBJON ST-
3.	The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturing		Transportation and Public Utilities
	<ul><li>Wholesale Trade</li><li>☐ Agriculture</li><li>☐ Construction</li></ul>		Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:		
	BRUCE ANDREW HALE 3814 W. ALBION ST.		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	BOISE, IDAHO 83705		Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		8	Secretary of State use only IDAHO SECRETARY OF STATE
	1	Revision 12/99	67/25/2666 69:88
Signatu	ure: BRUCE A. HALE	Rev	CK: 1393 CT: 133958 BH: 336094 1 % 28.00 = 20.00 ASSUM NAME # 2
Printed	Name: BRUCE A. HALE	1565	index intil 4 C

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