

Capacity/Title:_

OWNER (see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 09 AUG 13 AM 8: 06

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

SECRETARY OF STATE STATE OF IDAHO

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

business is: NW SHARPENING	
2. The true name(s) and business address(es) business under the assumed business name Name TAMMY L. EVANS	
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: NW SHARPENING 1613 N. KLEMMER AVE KUNA 10 83634	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt
Signature: <u>Jammy Rouans</u> Printed Name: <u>Famny</u> L. Evans	Secretary of State use only 990 045003 100 2500 pss