

Capacity/Title:\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

39 OCT OO AM A

**FILED EFFECTIVE** 

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

39 OCT 29 AM 8: 33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) business under the assumed business name Name  Mahara D Jahrson	
The general type of business transacted und  Retail Trade	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
copy is (if other than #4 above):	Secretary of State use only

IDAHO SECRETARY OF STATE
10/29/2009 05:00
CK: 58307642993 CT: 158010 BH: 1193175
1 0 25.00 = 25.00 ASSUM NAME # 2

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