

Printed Name:

Capacity: A

(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.

<u>Please type or print legibly.</u>
NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

01 OCT 29 7710: 13

STATE OF IDAME

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing
O Name	Complete Address
Bes Wstomizing	120 Woodruff Park
Bart Stalworthy 10	lano Falls 10 83401
The general type of business transacted under th	ne assumed business name is:
Retail Trade Transportation and I Wholesale Trade Construction	Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson  Basement West
Same as L2	PO Box 83720
	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
CUPY IS (If other than # 4 above):	268552-2982

IDAHO SECRETARY OF STATE
10/29/2001 05:00
CK: 2971 CT: 152968 BH: 426849
1 0 20.00 = 20.00 ASSUM NAME # 2

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