

Capacity/Title:\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 12 113 17 AM 9: 03

## SECRETARY OF STATE STATE OF IDAMO

## Please type or print legibly. Instructions are included on back of application.

Нарр	y Belly
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	
DOGMA LLC	3490 N. Leslie Way
(W95246)	Meridian, ID 83646
The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture  Manufacturing Mining	and Public Utilities  Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Susan Zimmerman	Secretary of State 450 North 4th Street PO Box 83720
3490 N. Leslie Way	Boise ID 83720-0080 208 334-2301
Meridian, ID 83646	200 334-2301
Name and address for this acknowledgmer copy is (if other than # 4 above):	
	Secretary of State use only
ture:	·
Name: Susah Zimmerman	
city/Title: Manager	
ure:	IDAHO SECRETARY OF STATE