

Capacity/Title: Salo

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAR 16 AM 9: 34

FILED EFFECTIVE

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.

The true name(s) and business address(es business under the assumed business name	ne:
Name	Complete Address
David James Hass	Twin falls Td 83301
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 2201/2 Harrison St Two folls, Lot. 8336	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
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