

Capacity:

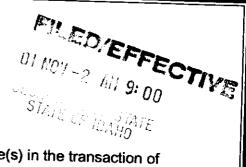
DWner

(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.

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



2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  John W. (B:II) Squires 282	e entity or individual(s) doing
3. The general type of business transacted under the Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  1. The name and address to which future correspondence should be addressed:    Bill Squires ☐ 83709 ☐ Said   Place ☐ Baise, Insurance   Place ☐ Baise   Insurance   Place ☐ Baise   Insurance   Place ☐ Baise   Insurance   I	
ed Name: John Jw. Squires	Secretary of State use only

IDAHO SECRETARY OF STATE
11/07/2001 05:00
CK: 6834 CT: 153273 BH: 428315
1 8 28.88 = 28.88 ASSUM NAME # 2