

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG 18 PM 1: 49

SECRETARY OF STATE STATE OF IDAHO

			UNANU	
1.	he assumed business name which the undersigned use(s) in the transaction of business is:			
	Beds 4 Less			
				
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2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):			
	Victor Guzman (Name)	(Address)	ug 57 50:7#5 PUPU1 100333	30
	(Name)	(Address)		
	(Name)	(Address)		
	(12.17)	(
	(Name)	(Address)		
3.	he general type of business transacted under the assumed business name is:			
	Retail Trade	Construction	☐ Transportation and Public Utilities	
	Wholesale Trade	Agriculture	Mining Mining	
	Services	Manufacturing	Finance, Insurance, and Real Estate	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment			
	Victor Guzman S18 Oncida St Suit #5 (Address)		COPY IS (if other than # 4).	
			(Name)	
			(reality)	
			(Address)	
	City (Sta	yte) (Zipcode)	(City) (State) (Zipcode)	
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Pri	inted Name: Wictor	Guzman [Secretary of State use only	
	11/20		, , , , , , , , , , , , , , , , , , , ,	
Sig	gnature: '\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Printed Name:			IDAHO SECRETARY OF STATE	
Signature:		-	08/18/2016 05:00 CK:200 CT:328013 BH:1542524	
			16 25.00 = 25.00 ASSUM NAME #2	
Pr	inted Name:		2	
Sig	gnature:		1)188632	
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Rev. 08/2015