

Printed Name: \_ Capacity/Title: \_\_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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| CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin  | undersigned  |
| Please type or print legibly. Instructions are included on back of application.  |  |
| The assumed business name which the under business is:   | rsigned use(s) in the transaction of できない RENX DISTRIBU+OR   |
| 2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  1-2-8-212-0098   |  |
| 3. The general type of business transacted unde  Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed:  Same as 2   | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301                                  |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):   |  |
| Signature: Man West and Printed Name: Mark West and  | Secretary of State use only  |
| Capacity/Title:  | IDAHO SECRETARY OF STATE   |
| Signature:   | P4/26/2012 05:00   |

abn.pmd Rev. 07/2010

04/26/2012 05:00 CK: 1936 CT: 158618 BH: 1321586 1 0 25.00 = 25.08 ASSUM NAME # 2

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