

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, luano 5535, insurant to Section 53-504, luano 5535, luano

a iATE

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

business under the assumed business na Name Christeen Marie James	Complete Address
	MOSPON TO 83843
Retail Trade	Submit Certificate of Assumed Business
i. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional): (208) 882-0230

IDAHO SECRETARY OF STATE

10/23/2002 05:00

CK: 553 CT: 158010 BH: 642221

1 % 20.00 = 20.00 ASSUM NAME # 2