

Signature: _____ Printed Name: _ Capacity/Title: _

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2011 JUN 28 AM 10: 58

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

Appraiser Support Services The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
<u>Name</u> Sarah Reika	Complete Address 3344 S. Gekeler Ln. Apt. M304, Boise, ID 83706
☐ Wholesale Trade ☐ Construction ☑ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to: Secretary of State 450 North 4th Street
The name and address to which future correspondence should be addressed: Sarah Reika 3344 S. Gekeler Ln. Apt. M304 Boise, ID 83706	PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: Sarah Reika 3344 S. Gekeler Ln. Apt. M304	PO 80x 83720 Boise ID 83720-0080 208 334-2301

abr.pms Rev.07/2010

IDAHO SECRETARY OF STATE

06/28/2011 05:00

CK: 716959 CT: 172899 BH: 1288374

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