

## **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.

2015 HAY 28 AM 8: 34

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

2. The true name(s) and <u>business</u> a	address(es) of the entity or individual(s) doing
business under the assumed bus Name	siness name:  Complete Address
Michael A Canale	10312 W Canale Ln
Patricia M Canale	Oasis, Idaho 83647
Retail Trade Trade Co Wholesale Trade Ag	future Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment
Signature: Miskel Camelo	Secretary of State use only
Printed Name: Michael Canale	
Capacity/Title: Owner	IDAHO SECRETARY OF STA
Signatule: Jahrina Con	nala 05/28/2015 95:0
Printed Name: Patricia Canale	CK:1336 CT:154244 BH:14 18 25.00 = 25.00 ASSUM N

 $10\ 25.00 = 25.00\ \text{ASSUM NAME } \#2$ 

D179337

Capacity/Title: Owner

9/21/2012