

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 MAY 14 AM 11:50

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the business is:	10ting
2. The true name(s) and business address(business under the assumed business name Name ALIN DALNES	(es) of the entity or individual(s) doing ame: Complete Address III S. OLive St. Nampa Td. 83686
3. The general type of business transacted	under the assumed business name is:
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: ☐ ARINES ☐ S. Olive St. ☐ Namps Td. 83686	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgr copy is (if other than #4 above): 	ment
	Secretary of State use only
Signature:	- 100000

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