

## 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.

2610 NOV -8 PM 2: 50

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

SECRETARY OF STATE STATE OF IDAHO

	New Creation Books	
The true name(s) and <u>business</u> ac business under the assumed busi <u>Name</u>	ddress(es) of the entity or individual(s) doing iness name: <u>Complete Address</u>	
James Robert Wilson	722 Maurine, Idaho Falls, ID 83401	
Retail Trade Tran	sacted under the assumed business name is: sportation and Public Utilities	
	Assumed Business	
The name and address to which f correspondence should be address James Wilson	ssed: 450 North 4th Street PO Box 83720	
722 Maurine Idaho Falls, ID 83401	Boise ID 83720-0080 208 334-2301	
Name and address for this acknown copy is (if other than # 4 above):	wledgment	
ature: James Robert	Secretary of State use only	
ted Name: James Robert Wilson	<u></u>	
acity/Title: Sole Proprietor		

abn.pmd Rev. 07/2010

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