

## FILED/FEPECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

The assubusiness	med busines	e of adoption of arss name which the		iness Name A CIAIL use(s) in the transaction of
		business address		ty or individual(s) doing
<u>Name</u>		18	Complete Address	
KATh	ryn No	u.m.a.m./	<u>4210 (</u> TRIVI n	Id IRum Road
The gene	eral type of b	usiness transacted	1 under the ass	sumed business name is:
☐ Who		Constructi	on	inance, Insurance, and Real Esta lining
☐ Who Serv	lesale Trade ices e and addres	Agriculture	on	inance, Insurance, and Real Esta lining
☐ Who Serv	lesale Trade ices e and addres	Agriculture Constructi se to which future	on	er (optional): 208 483-346
The name correspo	lesale Trade ices e and address ndence shou Thomas Attil 44 BCX CD	Agriculture Constructi ss to which future lid be addressed:  New Man  A Lalia St  r this acknowledge	Phone numb	inance, Insurance, and Real Esta lining er (optional): 2004/83-340 Submit Certificate of Assumed Business
The name correspo	e and address ndence should have been to the state of the	Agriculture Constructi ss to which future lid be addressed:  New Man  A Lalia St  r this acknowledge	Phone numb	inance, Insurance, and Real Estatining  er (optional): 2004/83-340  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
☐ Who Serve The name correspond FA Correspo	e and address ndence should have been to the state of the	Agriculture Constructi ss to which future lid be addressed:  New Man  A Lalia St  r this acknowledge	Phone numb	inance, Insurance, and Real Esta lining er (optional): 2004/83-346  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

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