

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.

0023 SEP 11 AM 9:11

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Printed Name: Traithe Koxbargio

(see instruction # 8 on back of form)

Capacity/Title:

STATE OF IDAHO

The true name(s) and business address(s business under the assumed business na	es) of the entity or individual(s) doing
Name Thartha Win Boxbarger	Complete Address 7550 S Cole Ret Boise 93709
The general type of business transacted to Retail Trade Transportation	under the assumed business name is: on and Public Utilities
☐ Wholesale Trade ☐ Construction☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
7350 S Cole Rd	Basement West PO Box 83720
Boise 10 33709	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm	ent Phone number (optional):
COPY is (if other than # 4 above).	205.362.9529
	Secretary of State use only

IDAHO SECRETARY OF STATE

69/11/2003 05:00

CK: 6837988598 CT: 158810 BH: 781142
1 8 25.88 = 25.88 ASSUM NAME # 2

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