CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	(Please type or print legibly. See instructions on reverse.)				
1 *0	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code, the sumed Busir	iess Name.		
1.	The assumed business name which the und	dersigned us	e(s) in th ê ່ ເຊື່ອກົ່ຣ	action of	
	business is:	•	STA		
	ACTUAL REMODELING				
	TICIONE TERMOOT				
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Name	ne <u>Complete Address</u>			
•	Name TRACEY R PIKE	PIKE 195. BOTUP AVE			
			TON Id		
			- 1/2	, , , , , , , , , , , , , , , , , , , ,	
3.	The general type of business transacted une (mark only those that apply)	der the assu	med business n	name is:	
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	•	d Public Utilities e, and Real Estate	
4.	correspondence should be addressed:	none numbe	r (optional): 50	8 880 2552	
	19 5 BOTUP AVE		Submit Certific	ate of	
	12 C B = 5 1 =		Assumed Busin		
	19 S WOLUP AVE		Name and \$20		
	MIDDLETON IL 83644		Secretary of St 700 West Jeffe	ate	
5	Name and address for this acknowledgmen	t	Basement West		
٠.	COPY IS (if other than # 4 above):	•	PO Box 83720		
			Boise ID 83720		
	(SAME)		208 334-2301		
			Secretary of Stat	te use only	
		68 ₂	IDANO SECRETARY	•	
		Revision 12/99			
mat.	2 P1162	Revis	1 0/ 31/2 00 (IX: 5179 CT: 137934	4 49 : 40 3 BH: 357947	

Printed Name: TRACKY R PILE

Capacity: OWNER

(see instruction # 8 on back of form)

1 9 20.00 = 20.00 ASSUM NAME # 3

D40152