

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

			,- <u>.</u>	
ASSU Pursuant to submits for	DERTIFICATE OF JMED BUSINESS N Section 53-504, Idaho Code, the under the filling a certificate of Assumed Busin	ındersigne		FILED EF
submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.				
NOTE: See instructions on reverse before filing.				
business is:	usiness name which the under		use(s) in the transaction of	EFFECTIVE
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address				
	3 John Sponbouer _ Black Sponbouer _	149 Bloc)	N. 400 W. Klont, ID 83221	
	pe of business transacted unde			
⋉ Retail Tra⋉ Wholesa∑ Services⋉ Manufact☐ Finance,	le Trade Construction Agriculture		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4 The name and	address to which future ce should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720	
149 N 40	= 0 0 5		Boise ID 83720-0080 208 334-2301	
	L,ID &3221	.4	Phone number (optional):	
 Name and accopy is (if other 	idress for this acknowledgmer	ıı	(208)-(681-3208	
			Secretary of State use only	
Signature:	(signature required)	g voorp/toms/abn forms/abn.p65 Revised 04/2003		92:00
Printed Name: _Mo	itt Sponbauer	Norms Revise		BH: 771589 SUN NAME # 2
Capacity/Title:	wner	g voor	D 81050	o

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