Capacity:\_\_\_

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF IDAHO



1.	gives notice of adoption of an Assume  The assumed business name which the unbusiness is	
	business is:	and or organized disection of
	- Paker Chows	
2	The true name(s) and business address(s	
	The true name(s) and business address(e business under the assumed business nar	ame is/are:
	Name	Complete Address  2/8E, 2/5+ Street
	Thaype or Shappon Baker.	
		Burley FD 83318 T
3.	The general type of business transacted un	Inder the assumed business frame 69
	(mark only those that apply)	Inder the assumed business name is:
	Retail Trade Manufacturin	, <del>100</del>
	Wholesale Trade  Agriculture	Finance, Insurance, and Real E
	Services Construction	n
4.	The name and address to which future P	Phone number (optional): 878-7710
	correspondence should be addressed:	
	Thaype or Shappen Baken	T Gabrine Gerineate of
	218E, 2/st Street	Assumed Business Name and <b>\$20:00</b> fee to:
	Burley ID 83318	\$ 25.00
E	Name and address (	Secretary of State 700 West Jefferson
J.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Basement West PO Box 83720
	- Same	Boise ID 83720-0080
		208 334-2301
		Secretary of State use only
		Secretary of State use only
atu	Name: Thay no. T. Baken	