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Submits for filing a certificate of Assumed Business Name. DE DECT IT PRIE 400 Please twoe or print legibly. NOTE: See instructions on reverse before filing. SECRET WOR STATE NOTE: See instructions on reverse before filing. SECRET WOR STATE Complete Address Complete Address Device Judy Boucke Judy Boucke Judy Boucke Judy Boucke Judy Boucke Judy Boucke Secretary of business transacted under the assumed business name is: Submit Certificate of Submit Certificate of Assumed Business	ASSUMED BUSINESS NAME		
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business is: Restoration Builders 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address 3. The general type of business transacted under the assumed business name is: Barborn Avila 3. The general type of business transacted under the assumed business name is: Barborn Avila 3. The general type of business transacted under the assumed business name is: Barborn Avila 3. The general type of business transacted under the assumed business name is: Submit Certificate of Agriculture Barborn Barborn Barborn Basement West Submit Certificate of Assumed Business Manufacturing Mining Brinance, Insurance, and Real Estate Submit Certificate of Assumed Business 4. The name and address to which future correspondence should be addressed: Submit Certificate of Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment copy is (if other than #4 above): Phone number (optional): 208-938-90-66 Signature: Mun State State Must Proceed and Public Cutificate of State State Must Phone number (optional): 208-938-90-66 Signature: Mun State State Must Phone number (optional): 208-938-90-66 Signature: Mun State State Must Phone Number (optional): 208-938-90-66 Printed Name Lessia Allery State State Must Phone P	Please type or print legibly.		
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