

Printed Name: \_\_\_\_

Capacity/Title:\_

JERRY KUWANA

(see instruction # 8 on back of form)

OWNER

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 JUN 14 PM 12: 52

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

JERRY'S RIVER	RANCH	*
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing	
Name	Complete Address	'
JERRY KUWANA	164 N HWY 77 DECLOID 83323	·
	· · · · · · · · · · · · · · · · · · ·	
The general type of business transacted under	the assumed business name is:	
Retail Trade Transportation and	d Public Utilities	
☐ Wholesale Trade ☐ Construction		3
☐ Services ✓ Agriculture	Submit Certificate of	j
☐ Manufacturing ☐ Mining	Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
·	Idaho Secretary of State	
The name and address to which future	450 N 4th Street	
correspondence should be addressed:	PO Box 83720	
JERRY KUWANA	Boise ID 83720-0080	
164 N HWY 77 DECLO ID 83323	(208) 334-2301	4
	(200) 00 ( 200)	
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Name and address for this acknowledgment		
Name and address for this acknowledgment		
Name and address for this acknowledgment copy is (if other than # 4 above):		
	Company of State care only	
	Secretary of State use only	<b></b>
	Secretary of State use only	9