

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

O7 OCT 23 AM 8: 25 SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es) of t	
business under the assumed business name: Name Barbara J. Teigen	Complete Address 3529 Greenbrier Dr. Boise, ID 83705
3. The general type of business transacted under to Retail Trade Transportation and	
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Barbara J. Teigen 3529 Greenbrier Dr. Boise, ID 83705	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):
	Secretary of State use only
nature: Barbara J. Teigen nted Name: Barbara J. Teigen pacity/Title: Owner	
pacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/23/2007 05 = (CK: 6024 CT: 158010 BH: 168: 1 0 25.60 = 25.68 ASSUM MA

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