

Capacity/Title: OWNER

(see instruction #8 on back of form)

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.



1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Aptic Point Rem	adeling
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name Rick 1 Deal 3800 a Boise	Complete Address E Amily RO +65 DD 837/4
3. The general type of business transacted under the assumed business name is:	
☐ Retail Trade ☐ Transportation and Pub ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
☐ Services☐ 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
	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
Signature: (signature required) Printed Name: (Signature required) Printed Name: (Signature required)	IDAHO SECRETARY OF STATE 95/11/2004 05:00 CK: CASH CT: 158010 BH: 744421 1 0 25.00 = 25.00 ASSUM NAME # 2