

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

09 JUN 15 AM 10: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es) of the business under the assumed business name:  Name	the entity or individual(s) doing  Complete Address  5 E 14 th St Idako to	//s # A
	<u> </u>	
3. The general type of business transacted under	the assumed business name is:	P 6 18~
Retail Trade Transportation and Wholesale Trade Construction	l Public Utilities	
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:  Shaws O. Fisher	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080	
795 E JUHN St. Idako Falls, Td. 83404	208 334-2301	ī.
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):	
	Secretary of State use only	