

## 

W.	submits for filing a certificate of Assumed Bu	siness Name. (208) 882-6091 and
	Please type or print legibly. NOTE: See instructions on reverse before	siness Name. (208) 882-6091 and siness Name. (208) 882-6091 and filling.  Send proof in mail to me as well. Thank you,
1.	The Bater Village	
2.	The true name(s) and business address(es) of business under the assumed business name:  Name  JEREMIAH GCAPE	Complete Address  15 S Asbury ST Art 4  Moscow, IN 83843
	The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to:
	Jeremiah Goade  115 S Asbury St Art 4  Moscon, ID 83843	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (20 8) 361-1097
		Secretary of State use only

Signature:

Printed Name:

Capacity/Title: Umne

(see instruction # 8 on back of form)

g:\coup\forms\abn forms\abn.p65 Revised 04/2003

N82697

IDAHO SECRETARY OF STATE
12/16/2004 05:00

CK: 53368532305 CT: 158010 BH: 781927
1 8 25.00 = 25.00 ASSUM NAME # 2