

Printed Name: <u>U</u>VI

(see instruction # 8 on back of form)

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 APR 20 PM 2: 30

submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE Please type or print legibly. STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: ADrons 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Dienl <del>43</del>712 Boise 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of **Assumed Business** Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Idaho Secretary of State 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature:

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IDAHO SECRETARY OF STATE 84/21/2009 85:00 CK: 6131 CT: 15600 BH: 116601

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