

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

07 AUG 21 AM 9: 18

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

 The assumed business name which the undersigned use(s) in the transaction of business is: 	
A FFOR DABLE C	UNACUS
2. The true name(s) and business address business under the assumed business Name THOMAS O. PORTER	
3. The general type of business transacted	
Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: 235(E.GALBECM. MCBITARY, ID 83646 5. Name and address for this acknowledge	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
COPy İS (if other than # 4 above):	Secretary of State use only
Signature: Signature required Signature Of Day THE	Secretary of State use only
Printed Name: / HONAS OFFICE Capacity/Title: OWNER	CX: 1507 CT: 1500 BH: 1071751 1 2 25.00 = 25.00 ASSUM NAME # 2