

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 DEC 17 AM 10: 29

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)

(see instruction # 8 on back of form)

Printed Name: Personal Printed Name:

Capacity/Title: PASSIDENT

Spiel Consulting	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Spiel & Associates, Inc.	5493 S. Tappan Falls Dr.
(CM1273)	Idaho Falls, ID 83406
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction	
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:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Robert F. Spiel 5493 S. Tappan Falls Dr.	(208) 334-2301
Idaho Falls, ID 83406	(208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only