

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. PM 4: 25

President

(see instruction # 8 on back of form)

Capacity/Title:\_\_

Please type or print legibly.

SECRETARY OF STATE
NOTE: See instructions on reverse before filing. STATE OF IDAHO

We Rese		h, an individual(a) daine	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  SafeRite Financial Services LLC  (4)78647		Complete Address 950 W Bannock Suite 110 Boise, ID 83702	
3. The general type of business transacted und  Retail Trade			
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Signature:  (signature required)  Jason Brooks	Vormslabn formslabn.p65 Revised 04/2003	IDANO SECRETARY OF STATE OF ST	E 899

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