## FILED EFFECTIVE



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 DEC 15 PM 1:32

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Bloy Preservation	
The true name(s) and <u>business</u> address(es) business under the assumed business name.	• • • • • • • • • • • • • • • • • • • •
Sara K WRIGHT	Complete Address P.O. Box 1134 Challis ID 83224
The general type of business transacted unc	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Sava WRIGHT  Doa: Blood Presentation  PO Box!134 Mall & To 83	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  (Same a # 4)	
Signature: Aukli My	Secretary of State use only
Printed Name: Sara K WRIGHT	10AHO SECRETARY OF STATE 12/15/2014 05:00
Capacity/Title: <u>OWNCY</u> Signature:	CK: 2426550 CT: 172099 BH: 14530 16 25:00 = 25:00 ASSUM NAME

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1) 175516

Printed Name: \_\_\_\_

Capacity/Title:\_\_