

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 AUG 18 AH 9: 27

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

PRISMATIC REPTILES 2. The true name(s) and <u>business</u> business under the assumed bu		e entity or individual(s) doing
Name		Complete Address
JOEL REEP	\ <u>564 RIC</u>	CHLAND AVE
TRISTAN REEP	/ POCAT	TELLO, ID 83201
☐ Wholesale Trade ☐ Co		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addr JOEL REEP	ressed:	450 North 4th Street PO Box 83720
564 RICHLAND AVE		Boise ID 83720-0080 208 334-2301
POCATELLO, ID 83201	- · · -	200 00 , 200 .
5. Name and address for this acknown copy is (if other than # 4 above):	nowledgment	
		Secretary of State use only
nature:		IDAHO SECRETARY OF STATE
nted Name: TRISTAN REEP		08/18/2014 05:00 CK:92107149 CT:158010 BH:14
pacity/Title: OWNER		$10^{\circ} 25.00 = 25.00 \text{ ASSUM NAI}$

173218

Signature: ___

Capacity/Title:__

Printed Name: Tristan Rew