227	
CERTIFICATE OF	LED EFER
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed E	he undersigned
Please type or print legibly. NOTE: See instructions on reverse before filing.	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
CDA Vendors Fa	ire
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 	
<u>Name</u>	Complete Address
Carol L. Rose	Hauden ID 83835
	<u></u>
3. The general type of business transacted under the assumed business name is:	
 Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining 	and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future	Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Carol Rose 11093 N Falking St.	PO Box 83720 Boise ID 83720-0080
Hayden ID 83835	208 334-2301
5. Name and address for this acknowledgme	nt Phone number (optional):
COPY IS (if other than # 4 above):	208-659-3423
	Secretary of State use only
Signature: <u>Carol L. Rose</u> Printed Name: <u>Carol L. Rose</u> Capacity/Title: <u>owner/operator</u> (see instruction #8 on back of form)	Secretary of state IDANO SECRETARY OF STATE IDANO SECRETARY OF STATE I 1 / 10/2003 05 = 00 CK: 4344 CT: 158010 BH: 710876 I 8 25.00 = 25.00 ASSUM NAME # 2 I 8 25.00 = 25.00 ASSUM NAME # 2
	D 70429