## **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

2005 FEB 22 AM 10: 13

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Blackfoot Appliance & Furniture	
The true name(s) and business address(e business under the assumed business na Name      Max E. Collard	
Total Hado	on and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:      Blackfoot Appliance & Furniture      198 West Bridge Street Blackfoot Idaho 83221	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	Character and the second second
	Secretary of State use only
gnature: May of Callaction (signature required) inted Name: Max E. Collard apacity/Title: Owner	- 990 uquesumo)

D 84795