

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

	FILED
CERTIFICATE OF	FECTIVE
ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed E	S NAME the undersigned
Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.
The assumed business name which the unbusiness is:	
Way B	Back Racks
The true name(s) and business address(est business under the assumed business name     Name     Ludwig Tomasini	s) of the entity or individual(s) doing me: Complete Address 17903 N Circle S Trail
Eudwig Tomasiii	Rathdrum, ID 83858
7 Retail Trade Transportation 7 Wholesale Trade Construction 9 Services Agriculture 9 Manufacturing Mining 10 Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:  Ludwig Tomasini 17903 N Circle S Trail Rathdurm, ID 83858	on and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):(208) 691-6474
	Secretary of State use only
Signature: (signature required)  Printed Name: Ludwig Tomasini  Capacity/Title: Owner  (see instruction # 8 on back of form)	- got uday supplied to the process of the process o

D75631