

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

10 JUN 15 AM 8: 27

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

Write Wo	rds For You
. The true name(s) and business address(es business under the assumed business nam	
Name	Complete Address
Jo Snyder	1721 Annett Street
	Boise, Idaho 83705
The general type of business transacted un Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
1721 Annett Street	(208) 334-2301
Boise, Idaho 83705	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
	Source Course Section of Course Cours

Owner

(see instruction # 8 on back of form)

