

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

09 JUL -9 AM 8=59

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersigned business is:	
4-Seasons SLUF STO	brace
The true name(s) and business address(es) of the business under the assumed business name:  Name	entity or individual(s) doing  Complete Address
	67011
$\frac{(W772276)}{(W772276)}$	1000100, 10, 55049
The general type of business transacted under the	
<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:	Secretary of State 700 West Jefferson Basement West
Park LSI UC	PO Box 83720
Oba. 4-Szusoni Storage	Boise ID 83720-0080 208 334-2301
P.O. Box 1036	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	104C-062 802
1	Secretary of State use only

Signature: \_\_\_\_

Printed Name: David

Capacity/Title: www.

(see instruction # 8 on back of form)

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