| | CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) | | |
|---------|---|--|--|
| 1 | To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF UF STATE OF | | |
| 1. | The assumed business name which the under business is: | | |
| • | | - / | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | |
| | Stephen Horowitz for | Complete Address Box 6320 603 W JOD RIVER DRIVE Cetchim, Id 83340 | |
| | | · · · · · · · · · · · · · · · · · · · | |
| 3. | The general type of business transacted und (mark only those that apply) | er the assumed business name is: | |
| | ☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction | ☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining | |
| 4. | correspondence should be addressed: | one number (optional): 208/126 · 3545 | |
| | ROBUX 6320 | Submit Certificate of Assumed Business Name and \$20.00 fee to: | |
| | Ketchun id 53340 | Secretary of State | |
| 5. | Name and address for this acknowledgment copy is (if other than #4 above): | 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| | | Secretary of State use only | |
| Signatu | ire: | IDAHO SECRETARY OF STATE | |
| Printed | Name: Stephen Horows | 69/19/2000 09:00 CX: 1244 CT: 138266 BH: 349183 | |
| Capaci | ty: 0 w n e v (see instruction # 8 on back of form) | 1 8 20.08 = 20.00 ASSUM NAME # 2 | |
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