

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 APR 30 PM 3: 32

SECRETARY OF STAT STATE OF IDAHO

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

1. The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Lange Name	Complete Address W. Bird ave ampo Id &3886
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
nonpa ID 83686	(208) 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	
	Secretary of State use only
nature: (profileture required) nted Name: Orean Cu Peage	IDANO SECRETARY OF STATE

