

Printed Name: DANIEL

Capacity/Title: <u>のいれどに</u>

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing	L DALLATE
1. The assumed business name which the undersign business is:  THIS COUNTRY AUTO 6	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  DANIEL SCHMIDT P.O.  T.M.	Complete Address  Box 324 STITES
3. The general type of business transacted under the Retail Trade Transportation and F. Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  THIS COUNTRY A E  P.O. BOX 324 STITES  T DAHO 83552	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-926-4996
Signature: Schmidt 200	Secretary of State use only

IDAHO SECRETARY OF STATE

(28/22/2002 (35 = 00)

CK: 98899172235 CT: 158818 BH: 484193
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