FILED EFFECTIVE



Printed Name:

Capacity/Title:_____

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

NI SE	CERTIFICATE OF	FILED EFFECTIVE
	ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the	NAME
VOI 3	submits for filing a certificate of Assumed Bus	siness Name.
	Please type or print legibly. Instructions are included on back of appli	undersigned siness Name.
1.	business is:	
Caribou Creek		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Ormulate Address	
	<u>Name</u>	Complete Address
		95 Sunrise Road, Bonners Ferry, ID 83805
	C/00723	
4.		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	COPY is (if other than # 4 above):	Secretary of State use only
Signature: David 13/1/en		
Capacity/Title: Owner / President		IDAHO SECRETARY OF STATE 94/24/2012 95:90
Signature:		CK: 5144 CT: 269638 BH: 1321898 1 0 25.88 = 25.88 ASSUM MAME # 2

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