

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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	FILED FACE
CERTIFICATE OF  ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the undersis submits for filing a certificate of Assumed Business Name of Please type or print legibly.  NOTE: See instructions on reverse before filing.	IE STATE OF AM 10: 0
1. The assumed business name which the undersigned business is:  Apine Deli	d use(s) in the transaction of
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  William Hasselfine 317	Complete Address
3. The general type of business transacted under the a  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  William Hesselfue 1216 E. Sherman Ave Name Ld 83686	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Same as above	Secretary of State use only
Signature: // (signature required)  Printed Name: William Hasselfus	
rinted Name: William Hasselfice	TOPHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
11/27/2009 05:00
CK: NOME CT: 1000 RH: 1197078
6 25.00 = 25.00 ASSUM NAME # 2