

Printed Name: ____ Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

1			
	CERTIFICATE OF ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Business	undersigned A Company	1. J. S.
	Please type or print legibly. Instructions are included on back of applic	ation.	5%
	The assumed business name which the under business is: \[\lambda \tau \tau \tau \tau \tau \tau \tau \ta	ersigned use(s) in the transaction of	<u>ID</u> , 838
	The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State	
5.	Correspondence should be addressed: Rami Fitzmorris 37176441 Olatown Jd 83822 Name and address for this acknowledgment	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	
Signa			
	d Name: Kami Jo Fitznorris		
	city/Title: owner		
Signa	ture:		

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
05/15/2012 05:00
CK: NO CHECK # CT: 278398 BH: 1324188
1 8 25.00 = 25.00 ASSUM MANE # 2

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