

Capacity/Title:___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FF: 18 4010: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE

1. The assumed business name which the undersigned business is: SAWTOOH SHU	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name C 107095	1 (1)
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DAVE WAT KINS 5 2 30 CHIN OFN BIVO BOOM STATE	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): ———————————————————————————————————
gnature: (signature required) Figure (signature required) Supplies (some required) Supplies (som	IDAHO SECRETARY OF STATE @2/18/20@5 @5 = @6 CK: 9659 CT: 186270 BH: 79484 1 @ 25.00 = 25.00 ASSUM MARE

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