

Capacity/Title: OWn

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2010 JUL -2 AM 8: 46

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE Please type or print legibly. STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction **Agriculture** Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 IN 83687 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Printed Name:

IDAHO SECRETARY OF STATE 07/02/2010 CK: 1503 CT: 249353 BH: 1229180 L @ 25.00 = 25.00 ASSUM NAME # BH: 1229180

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