

Signature: \_\_\_\_

Capacity/Title: \_\_

Printed Name:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, thousand 2.3 ed submits for filling a ced. Code to the description of the submits for filling a ced. Code to the submits for filling a

11 MAY -5 AM 8: 29

Please type or print logible Instructions are included o

SECRETARY OF STATE STATE OF IDAHO

Fak	con Fish
The true name(s) and <u>business</u> address business under the assumed business n	
<u>Name</u>	Complete Address
Melvin Wisenor	Po Box 277 White Bird, Idaho 83554
The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  The name and address to which future correspondence should be addressed:	on and Public Utilities  Submit Certificate of Assumed Business
Falcon Fish (	PO Box 83720
Po Box 277 White Bird Idaho 83554	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above): Same	ient
	Secretary of State use only
vanosi (1 - 12 m : sture	
ed Name: MEWIN WISENOR	
acity/Title: DWHFIR	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

95/95/2011 95:00

CK: 18488388464 CT: 158810 BH: 1272379

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