



**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.

08 OCT 23 AM 11:02

**Please type or print legibly.**

**NOTE: See Instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: ABC Inc.

Tri Cities Realtors

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name  
Tri Cities LLC  
(W3315)

Complete Address  
1303 NW 16<sup>th</sup> Suite B  
Fruitland, ID 83619

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Transportation
- Wholesale Trade
- Construction
- Services
- Agriculture
- Manufacturing
- Mining
- Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

same

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

**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):

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Signature: Sue Mio (signature required)

Printed Name: Sue M. D.

Capacity/Title: Owner, Member LLC

(see instruction # 8 on back of form)

Noncompliant forms labn.p65

IDaho SECRETARY OF STATE  
10/23/2008 05:00  
CK: 12206 CT: 154156 BH: 1141430  
1 # 25.00 = 25.00 ASSUM NAME # 2

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