

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN 30 AM 9: 41

SECRETARY OF STATE STATE OF IDAHO

D152943

Please type or print legibly. Instructions are included on back of application.

	6530 Map	lewood Trus	st		
bu	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doin business under the assumed business name: Name Complete Address David R Gencarella 6530 E Maplewood Ave		ng		
_		Post Falls, ID 83854			
3. TI	he general type of business transacted un Retail Trade Transportation Wholesale Trade Construction		•	is:	
)] [☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee	to:	
D	he name and address to which future orrespondence should be addressed:		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080		
_	Post Falls, ID 83854		208 334-2301		
	lame and address for this acknowledgme opy is (if other than # 4 above):	nt	:		
_			Secretary of State u	se only	
ignatu					
	Name: David R Gencarella				•
	ty/Title:_Owner		IDANO SECRET	ARY_OF_S	TATE
ignatur			01/30/20 CK: 202137 CT: 15	12 6 8618 B	
	Name:	Ì	1 @ 25.00 = 25.	98 ASS	UN PRINC # 6