FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

7015 JAN 15 PM 12: 38

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

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address business under the assumed business Name  Danies Fullok	ess(es) of the entity or individual(s) doing ss name:  Complete Address  2005 N. Kennedy St.  Jecomo in 83888
	Submit Certificate of
4. The name and address to which future correspondence should be addressed to the content of the	Section of State
5. Name and address for this acknowled copy is (if other than # 4 above);	agment
Signature:	Secretary of State use only
Printed Name: Domien Foller Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature: Printed Name:	01/15/2015 05:00 CK:2499936 CT:172099 BH:14572

 $10\ 25.00 = 25.00 \text{ ASSUM NAME } #2$ 

D176072

Capacity/Title:\_