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Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## Please type or print legibly. NOTE: See instructions on reverse before filing.

CERTIFICATE OF  ASSUMED BUSINESS NAME  Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.  Please type or print legibly.  NOTE: See Instructions on reverse before filing.	
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<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	·
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  Terrie Sorensen 405, Bonner, Manga, ID8, Ed Bryant 1401 N. 5thridge Ln, Boise, I	<u>36</u> 5/ D837
3. The general type of business transacted under the assumed business name is:  Retail Trade	
Farmers & Merchants State Bank  112 2nd Street South  Nampa, ID 83651  ignature:  (signature required).  rinted Name:  The state use only  IDAHO SECRETARY OF STATE AND STATE AN	TATE 5:00

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