

## 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.

10 OCT 19 PH 2:52

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

STATE OF IDAHO

142895

	WILL OF IDAILO
1. The assumed business name which the undersi	gned use(s) in the transaction of
business is:  Moth Stav Appr	alsal
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name	the entity or individual(s) doing  Complete Address  732 Hallmark  Baise ID  83703
3. The general type of business transacted under the Retail Trade Transportation and	
Wholesale Trade Construction	
Services Agriculture	· · · · · · · · · · · · · · · · · · ·
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which future	Contatant of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
Same	PO Box 83720
	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	
COPy is (if other than # 4 above).	
	Secretary of State use only
Signature: Molast T. July	
Printed Name: Robert Fabor	•
Capacity/Title: Owner	
Signature: Not Jo	IDAHO SECRETARY OF STATE 19/19/2010 05:00
Printed Name:	CK: 532377 CT: 172099 BH: 1243755 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

abn.pmd Rev. 07/2010