

Capacity/Title: Resident

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 10 MAR -4 AM 8:43 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

business under the assumed business nam Name	o) of the entity or individual(s) doing ne:  Complete Address
Anthony D. Reyna	702 W. Crimson Loop  Nampa, ID 93(86
The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
Anthony D. Reyna 7-2 W-Crinson Logo	PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent

IDAHO SECRETARY OF STATE
03/04/2016 05:00
CX: 779 CT: 158818 3H: 1218652
1 8 25.88 = 25.86 ASSUM NAME 8

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