

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

11 OCT 25 AM 8:31

	Still Wa	ater Hollow
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name  Tyler L Gray	
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed:  Tyler L Gray  18120 Dean Ln, Nampa ID, 83687	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	ed Name: Tyler L. Gray	Secretary of State use only
Capa Signa Printe	city/Title: Owner  ture: ed Name: city/Title:	IDAHO SECRETARY OF STATE 10/25/2011 05:00 CK: 1630 CT: 250798 BH: 1295494 1 0 25.00 = 25.00 ASSUM HAME # 2

ebn.pmd Rev. 07/2010

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