

Capacity/Title:

## 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. Instructions are included on back of application.

## **FILED EFFECTIVE**

1015 MAR -9 PM 2: 14

SECRETARY OF STATE

The assumed business name which the undersigned business is:  Teshwah Col  The true name(s) and business address(se) of the	lege.
<ol><li>The true name(s) and <u>business</u> address(es) of the business under the assumed business name:</li></ol>	
Relociah Garvin Phbi ISAAC Garvin Coes	Complete Address 73,2900 GOVH. Way UCD'ALENE, Idaho 83815
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction	ıblic Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  PMB 173  2900 Govt way  Coeurd Avene Jamo 83815	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	
	Secretary of State use only
Signature: KONKON WANN  Printed Name: Rebekan Garvin  Capacity/Title: Owner	IDAHO SECRETARY OF STATE 03/09/2015 05:00 CK:CASH CT:211136 BH:1465243 16 25:00 = 25:00 ASSUM NAME #
Signature:	
Printed Name:	\

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