

**Printed Name:** 

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2006 MAR 15 AN 8:55

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

FILED EXTRACTOR

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: Smoke Shop - arive-up 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities 🖄 Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** e Smoke strop/ Jamie Lacey PO Box 83720 Boise ID 83720-0080 208 334-2301 10.8380 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than #4 above): Secretary of State use only n97573 Signature: