

Capacity/Title:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

ASSUMED BUSINES  Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assume	e, the undersigned
Please type or print legibly Instructions are included on back of a	application.
The assumed business name which the business is:      Oxbow Arms	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address business under the assumed business results and the second secon	
	Cottonwood, IN 83522
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ition and Public Utilities  on  e  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  As an Cehring 211 Monshner Point Rd. Cottonwood, TD 83622	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
Signature: As an Labor	Secretary of State use only
Printed Name: Agran Lehry	<del>-</del>
Capacity/Title: Owner	
Signature: Printed Name: Capacity/Title:	IDANO SECRETARY OF STATE  94/11/2011 95:00  CK: 1286 CT: 257666 BH: 1268718

abn.pmd Rev. 07/2010

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