

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JAN 21 AM 8: 33

SECRE RY OF STATE STATE OF IDAHO

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

	business is: SMART IDAH	O ACCOUN	ITING	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u>		Complete Address	
	VIRGIL LARSON ACCOUNTING ± ~ €	2543 GRA	ANITE WAY IDAHO FALLS ID 83402	
	<u>C181609</u>			
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
	✓ Services✓ Agriculture✓ Manufacturing✓ Mining✓ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	he name and address to which future orrespondence should be addressed: MART IDAHO ACCOUNTING		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
	2543 GRANITE WAY IDAHO FALLS ID 83402		208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
			Secretary of State use only	
_	ature: 2	<u> </u>		
Printe	ed Name: VIRGIL LARSON			
Capa	city/Title: OWNER			
Signa	Signature:		IDAHO SECRETARY OF STATE 01/21/2011 05:00	
Printe	ed Name:		CK: 127 CT: 233237 BH: 1256326 1 0 25.00 = 25.00 ASSUM NAME # 2	
Capa	city/Title:		2111771	

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