

Printed Name:

Capacity/Title: () W) he

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned OCT -6 PM 2\* 32 submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

2. The true name(s) and business address(es) of	the entity or individual(s) doing
business under the assumed business name:	, and a second
Name	Complete Address
There wagner y	4 Golde St
	dano falls, II)
	73402
. The general type of husiness transacted under t	the recovery diff.
. The general type of business transacted under t	ne assumed business name is:
Retail Trade Transportation and	Public Utilities
Wholesale Trade  Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Booky Women	Basement West
OHI Goldielet	PO Box 83720 Boise ID 83720-0080
Thomas Calle To Callan	208 334-2301
Thur 1 mo! I D 10700	
. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208-524-0054
	Cart Service 1

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IDAHO SECRETARY OF STATE
10/07/2003 05:00
CK: 412 CT: 158010 RH: 705289
1 0 25:00 = 25:00 ASSUM MARE # 2

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