CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504 Idaho Code the undersigned



	The assumed business name which the ubusiness is:	et de la companya de
	nrs-Taxfree	STATE OF WAHOUR
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	Hondo Marker-Hall	2134 Publicreek Ln
		PODISE Id 83706
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	Retail Trade Manufacture Wholesale Trade Agriculture Services Constructio	☐ Finance, Insurance, and Real Es ☐ Mining
	,	
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): (ZD8) 344-0845
4.	Rhonda Marker-Hall 2134 Pabblecrack Ln	Phone number (optional): (208) 344-0845 Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Rhanda Marker-Hall	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	Rhordo Marker-Hall 2134 Pabblecrack Ln 30134 Tal 83706 Name and address for this acknowledgm	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West

Capacity: ___

(see instruction # 8 on back of form)

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