

Printed Name: Sherri D. Perkins

Capacity/Title: Owner

Signature: \_

Printed Name: \_ Capacity/Title: \_

## 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

2012 AUG -8 AM 8 48

SECRETARY OF STATE STATE OF IDAHO

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

OdysS	Sea Foods
The true name(s) and <u>business</u> address(es business under the assumed business nar	
<u>Name</u>	Complete Address
Sherri D. Perkins	5880 Sweet Ola Hwy, Sweet, Id 83670
The general type of business transacted un	nder the assumed business name is:
✓ Retail Trade ☐ Transportation	n and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Sherri D. Perkins	PO Box 83720
5880 Sweet Ola Hwy	Boise ID 83720-0080 208 334-2301
Sweet, ld 83670	206 334-2301
Name and address for this acknowledgmer	nt
CODY IS (if other than # 4 above):	
Sherri D. Perkins	

IDAHO SECRETARY OF STATE

08/08/2012 05:00

CK: 1178 CT: 150010 BH: 1335113
1 % 25.08 = 25.00 ASSUM NAME % 2

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abn.pmd Rev. 07/2010