Printed Name:

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 00 JAN 10 AM 8:51 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name TARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Country 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Bonners Ferry 1 83805 main main 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_ correspondence should be addressed: Submit Certificate of Assumed Business PC Box 485 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 1 0 20.00 = 20.00 ASSUN MAME # 2 Signature: \_

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