

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly.	NAME se undersigned
Instructions are included on back of application.	
The assumed business name which the undouble business is:	dersigned use(s) in the transaction of
[13] A	ELECT BOWEN
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> DAVID BOWEN	•
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: DAVID BOWEN 1375 JANE ST POCATELLO, ID 83201	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt .
Signature: Davil Bowen	Secretary of State use only
Printed Name: DAVID BOWEN	
Capacity/Title: OWNER	SANIR REPRESANT OF STATE
Signature:	IDAHO SECRETARY OF STATE 92/16/2012 95:99
Printed Name:	CK: NO CK # CT: 267086 BH: 1310982 1 0 25.00 = 25.00 ASSUM NAME # 2

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