

Capacity/Title: Own es

Printed Name: Robert
Capacity/Title: Owner

Signature: Mobiet

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

3012 JUN 25 AM 9:41

B+B Events	
The true name(s) and <u>business</u> address(es) business under the assumed business name	- · · · · · · · · · · · · · · · · · · ·
<u>Name</u>	Complete Address
Bob W. Wright	7539 Arlinaton Dr.
Becker A. World	Noma. Th 83/287
TACKY I TOTIGHT	(Permitted)
	THE THURST PURPLE TO
The general type of business transacted und	ler the assumed business name is:
<b>-</b>	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
BUR FURNE	PO Box 83720
7539 Arlington Dr.	Boise ID 83720-0080
1/534 ATTIMION DY.	208 334-2301
Nampa, TD 83681	
Name and address for this acknowledgment	
COPY is (if other than # 4 above):	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

96/26/2012 95:00

CK: 2007 CT: 271809 BH: 1329781
1 0 25.00 = 25.00 ASSUM NAME # 2

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