

## CERTIFICATE OF ASSUMED BUSINESS

## FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAR - | PM 2: 17

submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SHUBETARY OF STATE STATE OF IDAHO

IN THE WOODS	
The true name(s) and business address(es business under the assumed business name Name	ne:
TIMOTHY JZIKRATCH	Complete Address 5976 COUNTRY CLUB DRIVE POCATELLO ID
DEBRA L ZIKRATCH	5976 COUNTRY CLUB DRIVE POCATELO ID
The general type of business transacted ur	nder the assumed business name is:
	n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
TIMOTHY ZIKRATCH	PO Box 83720
5976 COUNTRY CLUB DRIVE POCATELLO, ID 83204	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: Karolly Ske well	IDAHO SECRETARY OF STATE  93/91/2004 05:0  CK: 38396 CT: 158910 BH: 7381  1 8 25.88 = 25.80 ASSUM NAME
nted Name: TIMOTHY J ZIKRATCH	IDAHO SECRETARY OF STATE  93/91/2004 05: 8
pacity/Title: OWNER	03/01/2004 05 = 0 CK: 383% CT: 158810 BH: 738