FILED EFFECTIVE

SECRETARY OF DE TOAHORE



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.

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

business under the assumed business name:  Name  1893 (o. / CC	Complete Address
JB13 (0./CC	10x10 = 11 11/21
[11]82111	901 Stoothilled
	Idano Falls to 83101
The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar	nd Public Utilities
☐ Wholesale Trade ☐ Construction	
Services	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Committee of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
1917 SFDAHILL ROL	PO Box 83720
Idala Falls In 8401	Boise ID 83720-0080 208 334-2301
	206 334-2301
Name and address for this acknowledgment	
CODY IS (if other than # 4 above):	
	Secretary of State use only
	Company of Communication
ture: Abreya	Consists y in Come use they

IDAHO SECRETARY OF STATE 99/04/2012 05:00 CK: 1187 CT: 273913 BH: 1338450 1 0 25.00 = 25.00 ASSUM NAME 0 3