Printed Name:

Capacity/Title:

## **CERTIFICATE OF**

## FILED EFFECTIVE

ASSUMED BUSINESS NAME 2012 SEP 21 AM 9: 11 Pursuant to Section 53-504, Idaho Code, the undersigned

Pursuant to Section 53-504, Idano Coue, the three submits for filling a certificate of Assumed Business Name

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

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:     Name     Alvin G Carris     1161	Complete Address 7 Highway 5, St. Maries, ID 83861
. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  St. Joe Bookkeeping & Tax Service  1369 Railroad Ave	
St. Maries, ID 83861  Name and address for this acknowledgment copy is (if other than # 4 above):	
nature: Clin Carris  pacity/Title: Owner  nature:	Secretary of State use only

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE 69/21/2012 05:00 CK: 3864 CT: 158010 BH: 1348727 1 0 25.00 = 25.00 ASSUM NAME # 2

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