

Printed Name:

Capacity/Title: [

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

14. JAN 27 PH 4: 22 Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF BUAHO

\$ 1 July 6.

 The assumed business name which the undersigned use(s) in the transaction of business is:			
		<u>Name</u>	Complete Address
		Jammy Fil 53	DZ N. Schumann ave
	oridian, ID 83642		
3. The general type of business transacted under the	ne assumed business name is:		
Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:		
4. The name and address to which future correspondence should be addressed: 5303 N. Schumann all Meridian, ID 83642 name: Tamny Fil	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 861-8308		
Same	Secretary of State use only		
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IDAHO SECRETARY OF STATE **01/27/2004 05:00**CK: 2042 CT: 158010 BH: 724086
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