

Capacity/Title:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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.

11 APR 13 AM 8: 3

Current Destinations	
The true name(s) and <u>business</u> address business under the assumed business Name     Steven A Mock	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed  Current Destinations c/o  Steven A Mock	state Name and \$25.00 fee to:  Be Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
8378 White Owl Way, Victor ID 83455  5. Name and address for this acknowled copy is (if other than #4 above):	208 334-2301 Igment
gnature: Steren A. Moz	Secretary of State use only
inted Name: Steven A Mock	
apacity/Title:	IDAHO SECRETARY OF STATE
gnature: inted Name:	O4/13/2011 05:00 CK: 653189 CT: 172099 BH: 1268998 1 P 25.00 = 25.08 ASSUM NAME #

abn.pmd Rev. 07/2010

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