

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## 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.

<sup>?nn3</sup>MAR 20 AM 8:59

## Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Charmina 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address eborah Oliver 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** Deborah Oliver PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than # 4 above): Secretary of State use only Signature: 4/

IDAHO SECRETARY OF STATE

03/20/2003 05 = 00

CK: 1061 CT: 158010 BH: 669761

0 20.00 = 20.00 ASSUM NAME #

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