

## 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.

12 MPD 27 MM 9: 20

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

SECRETARY OF STATE

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` '	e assumed business nan	ne:	ntity or individual(s) doing <u>Complete Address</u> old St. Kuna, ld. 83634
3. The general type of Retail Trade  Wholesale T	Transportation		ssumed business name is:
Services Manufacturir	Agriculture		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:     Anna Sorensen			Secretary of State 450 North 4th Street PO Box 83720
1091 W Gold St Kuna, Id. 83634			Boise ID 83720-0080 208 334-2301
5. Name and address copy is (if other than # 4	s for this acknowledgmen above):	nt	
Signature: Wash	Sorenser		Secretary of State use only
Printed Name: Anna L. So			
Capacity/Title: Owner			TRAIN OF OPERADY OF CTATE
Signature:			IDAHO SECRETARY OF STATE  04/27/2012 05:00  CK: 1997 CT: 158818 BH: 1321682
Printed Name:			CK: 1997 CT: 158010 BH: 1321682 1 0 25.00 = 25.00 ASSUM MANE # :
Capacity/Title:	· <del></del>		<b>*</b>

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