

Capacity/Title: nwnc

(see Instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

D107852

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 7 FEB -2 PM 3: 40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

the IDAHO cookic Fac	tory
The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name:  Name  Adam Villalobos 1533  Baisa	ntity or individual(s) doing  Complete Address  N Milwaukee  FD 83704  Let # 103
The general type of business transacted under the a	ssumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  602-7165
ature: Cillum Villolot.  (signature required)	Secretary of State use only  IDAHO SECRETARY OF STA