

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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.

FILED EFFECTIVE

2014 FEB 27 AM 9: 30



2. The true name(s) and <u>business</u> ac	ddress(es) of the entity or individual(s) doing
business under the assumed busi	iness name:
Harold T. Amidon	<u>Complete Address</u> 2209 W Silver Creek Drive, Nampa, ID 83686
Yvonne C. Amidon	2209 W Silver Creek Drive, Nampa, ID 83686
Retail Trade Trans Wholesale Trade Cons Services Agri Manufacturing Mini Finance, Insurance, and Re	Assumed Business eal Estate Name and \$25.00 fee to:
The name and address to which fit correspondence should be address 2209 W Silver Creek Drive, Nampa, ID 8	ssed: 450 North 4th Street
5. Name and address for this acknown copy is (if other than # 4 above):  Same as above	wledgment
gnature: <u>Asseld I Gunble</u> inted Name: <u>Harold T. Amidon</u>	Secretary of State use only
apacity/Title: Partner  gnature:	IDAHO SECRETARY OF STATE