

Printed Name: (

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 AUG -3 AM 8: 52

SECRETARY OF STATE STATE OF IDAHO

132593

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Christopher J. Olsen 4.	Complete Address  374 A Clear LAKES Fuhl, ID. 83316
The general type of business transacted under the	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Chris T. Olsen  4374 A Clear Lakes Rd.  Buh 110,833/6	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): 208-320-8222
	Secretary of State use only