

## **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.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing	g. OF OF STATE
<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ned use(s) in the transaction of
Sorensons Fisheries	
<ol><li>The true name(s) and business address(es) of the business under the assumed business name:</li></ol>	entity or individual(s) doing
Name	Complete Address
	330. MONKS DRIVE
Bruce A Surencer	Goodfaid, Home, To
<ol><li>The general type of business transacted under the</li></ol>	assumed business name is:
Retail Trade Transportation and Pu  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Sovensons Fisheries  330 Mountain House Id	★ Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	1-208-587-5122
Sovenson's Eisheries	
330 Marr & D. B.	Secretary of State use only
Signature: Comparison of Sandy Signature required Signature required Signature required Signature required Capacity/Title: Comparison of Sandy Signature required Sig	M4287
Printed Name: Denn's E Same San	IDAHO SECRETARY OF STATE
Capacity/Title: (2) 1/2 /3	03/17/2004 05:00 CK: 101 CT: 158010 BH: 733595 1 8 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	