

Printed Name:

Capacity/Title: //////

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE 08 SEP -4 AM 8: 35

SECRETARY OF STATE STATE OF IDAHO

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

business under the assumed business name:  Name	e entity or individual(s) doing  Complete Address
Cindy S. Cornell 321	5 N. 3500 E.
Kin	oberly, Idaho
	83341
The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720 Boise ID 83720-0080
The Flant Flant c/o Cingy	(208) 334-2301
3915 N. 3500 E. CO	7/12-12 (200) 334-2307
KIMUSIY, ISUUU DOSTI	
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE
09/04/2008 05:00
CK: 935732839 CT: 158010 BH: 1134313
1 8 25.00 = 25.00 ASSUM NAME # 3