

Printed Name: 5RAD

Capacity/Title: OWHER

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



FRAMKWAMD CUSTOM CA	
business under the assumed business n	ame:
Name	Complete Address
BRAD G FRAMICIANIO	PO BOX 1209
	903 DAUS ST
	M(CAIL TO 83638
☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta  The name and address to which future correspondence should be addressed:  BRAD FRANK LAND PU BUX 1209 MCCALL ID 83638	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 acknowledge copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):
	Secretary of State use only

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IDANO SECRETARY OF STATE

62/13/2004 65:00

CK: 5812 CT: 158810 BH: 727469
1 8 25.88 = 25.80 ASSUM NAME # 2

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