

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVES

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.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

D 113384

1. The assumed business name which the under	signed use(s) in the transaction of
husinoss is:	,
(Aughn) Droth	iers.
2. The true name(s) and business address(es) o	f the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Cours Kim Jaugher _	1095 N 850 E - Kichtiald
Clinit (bughi).	1095 N 850E 83549
CHICA VOLGA	
3. The general type of business transacted under	er the assumed business name is:
LL Rotali Flado	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Correspondence should be additioned.	Basement West
CINT laughi	PO Box 83720
1095 N 850E	Boise ID 83720-0080 208 334-2301
Trichfield ID 83349	200 334-2301
	Phone number (optional):
<ol><li>Name and address for this acknowledgment</li></ol>	( Priorie Hamber (optional).
COPY IS (if other than # 4 above):	
D.L. Evans Bank	
980 S. Lincoln	Secretary of State use only
Terome, ID, 83338	
00 = 00 1	<b>8</b>
Signature: Chut Clugh	88
(eignature required)	IDAHO SECRETARY OF STATE  ### ### ### ### ####################
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