

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

PAX TO:

Please type or print legibly.		-par 1911 50 PH 2: 34
NOTE: See instructions on reverse before	mng.	The second secon
1. The assumed business name which the under business is:	ersigned use(	s) in the transaction of
voice Dri	165	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name:	f the entity or	individual(s) doing
Name A C		plete Address
Drew Wolfe		Rich Lane
	Black-	oot, ID 83221
3. The general type of business transacted under	er the assum	d business name is:
Retail Trade Transportation a	and Public Ut	ities
☐ Wholesale Trade ☐ Construction  ☐ Services ☐ Agriculture	S	bmit Certificate of
☐ Manufacturing ☐ Mining	As	sumed Business
Finance, Insurance, and Real Estate	N.	me and \$25.00 fee to:
4. The name and address to which future		cretary of State
correspondence should be addressed:		O West Jefferson sement West
Drew Wolfe	P	Box 83720
1086 Rich lane		oise ID 83720-0080 8 334-2301
Rackfoot, ID 83221	<u>L</u>	
5. Name and address for this acknowledgmen	it Pho	one number (optional):
copy is (if other than # 4 above):		208-709-1105
( same as above)		
		Secretary of State use only
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Washe	ine labr	And the state of t
Signature:	formstabn formst Revised 01/2001	BELLEV
Printed Name: Drew wolke	gicouptumstabn formitabn.p65 Revised 01/2001	A CACA-A
Capacity: OWNER	\$ cost	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)		CK: 13823946389SLD CT: 172899 BH: 76 1 8 25.00 = 25.00 ASSUM NAME #
	_	D17658
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