

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

## Please type or print legibly. Instructions are included on back of application.

2015 JUL -6 AM 9: 33 SECRETARY OF STATE

Bagley's Gu	ns	
	ame(s) and <u>business</u> addres inder the assumed business	ss(es) of the entity or individual(s) doing name:
	<u>Name</u>	Complete Address
Trevor Bagley		35 W 5th S #9 St. Anthony ID 83445
3. The genera	al type of business transact	ed under the assumed business name is:
Reta		ation and Public Utilities
Serv	ices	
Manı	ufacturing	Submit Certificate of Assumed Business
Final	nce, Insurance, and Real Es	
4. The name	and address to which future	Secretary of State
correspond	dence should be addressed	450 North 4th Street
Trevor Bagle	y	PO Box 83720
35 W 5th S #	<del>/</del> 9	Boise ID 83720-0080 208 334-2301
St. Anthony,	Idaho 83445	
	address for this acknowled	gment
		Secretary of State use only
	<u> </u>	
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gnature: 1 se	nar Bayler	

1180120

Capacity/Title:\_\_\_\_

Printed Name: \_\_\_\_\_