C

Capacity/Title:



## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2016 MAR 16 PM 12: 16

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unbusiness is:  Push Pull Enterprise	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>Penris Roncace</u>	, , , , , , , , , , , , , , , , , , , ,
3. The general type of business transacted uses a large and the second s	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Pennis Roncace Push Pull Enterpri  1911 N. Incline Way  Meridian 10 83646-1019	Secretary of State 450 North 4th Street PO Box 83720
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Rennis Roncace  Printed Name: Pennis Roncace  Capacity/Title: Owner	Secretary of State use only  IDANO SECRETARY OF STATE  03/16/2016 05:00  CK:8540 CT:158010 RH:1518891  16 25.00 = 25.00 ASSUM NAME #
Signature: Printed Name:	D185241

abn.pmd Rev. 07/2010