

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 NOV -5 AM 8: 49

**FILED EFFECTIVE** 

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of	
	business is:	1
	Sandpoint Vege	eranians
2.	The true name(s) and business address(es) of the	e entity or individual(s) doing
	business under the assumed business name:	Compalate Address
	Name O	Complete Address
	Cindy Hase 80	Bird Creekhn Sagle
	Inicia Sullivan 77	Proder Point Dr Sunga
	Stephen Augustine 141	Ponder Point Dr Snapt. I
3.	The general type of business transacted under the	e assumed business name is:
-	☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction	Public Utilities
	Services Agriculture	Submit Certificate of
	☐ Manufacturing ☐ Mining	Assumed Business Name and <b>\$25.00</b> fee to:
	Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
	C. A A	Basement West
	Cindy Hase	PO Box 83720 Boise ID 83720-0080
	85 Bind Creek hane	208 334-2301
	sagle, Lalano Osta	
5.	. Name and address for this acknowledgment	Phone number (optional):
	COPY is (if other than # 4 above).	208-255-7576
		Secretary of State use only
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