

Printed Name: PATRIC

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

05 SEP 14 PM 2: 01

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersignation business is: STAGE 17 The true name(s) and business address(se) of the content of the	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name PATRICIA B. WALKER 4123 W MOON LAKE DR MERIDIAN ID 83642	ne entity or individual(s) doing Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Ame As Above	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 340-990 /
nature: Office of Market 188	Secretary of State use only

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