

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

STATE OF DAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	Acme S	ervices
2.	The true name(s) and business address(es) business under the assumed business name Name  William Marshall	
3.	The general type of business transacted und	
4.	Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
	William Marshall PO Box 2842 Sun Valley, ID 83353	PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than #4 above):	t Phone number (optional):
		Secretary of State use only
	ture: Will / Mouhall  (signature required)  d Name: William Marshall	\$9d*uqpssuuoj uqpssuuoj uqpssuuoj uqpssuuoj UCZ/PO \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10