

Capacity/Title:_____

Owners

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name! Y 15 ## 9: 19

Please type or print legibly.

NOTE: See instructions on reverse before filing.

PC GAME	WARZ
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing
Name	Complete Address
Larry Smith	296 W. Sunset Ave. #13
Kathy Smith	Coeur d'Alene, ID 83814
	er the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Larry & Kathy Smith 296 W. Sunset Ave. # 13 Coeur d'Alene, ID 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
nature: (signature required) ted Name: Larry Smith / Kathy Smith	10000 SECRETARY OF STATE 5000 OF STATE 65/15/2003 G5:00 CK: 5818 CT: 158810 BH: 68877 1 0 25.00 = 25.00 ASSUM MANE

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