



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

2014 NOV -5 AM 9:05

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

**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 undersigned use(s) in the transaction of business is:

FAGIOLO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Tom Hickey

Complete Address

PO Box 4009  
HAILEY ID 83333

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

4. The name and address to which future correspondence should be addressed:

FAGIOLO

PO Box 4009

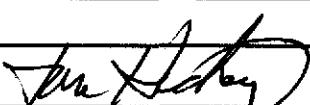
HAILEY, ID 83333

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

NA

Signature: 

Printed Name: Tom Hickey

Capacity/Title: OWNER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAMO SECRETARY OF STATE

11/05/2014 05:00

CK:297 CT:302919 BH:1448232  
 1@ 25.00 = 25.00 ASSUM NAME #2

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