

Capacity/Title:\_

Signature:

Printed Name:

Capacity/Title:\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## Please type or print legibly. Instructions are included on back of application.

	·
CERTIFICATE OF	ME rsigned Name.  n.  ned use(s) in the transaction of
ASSUMED BUSINESS NA	ME O
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	signed Name.
Please type or print legibly.	A SALL PARTY
Instructions are included on back of application	<u>n.</u>
. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
GIASS Monkey	
/ 2. The true name(s) and <u>business</u> address(es) of the	e entity or individual(s) doing
business under the assumed business name:	. , ,
Name	Complete Address
Chestopher Hill Y.C	1. Box 45156
	so 30 837//
	·
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
PO. BOX 45156	PO Box 83720
Base 50 8371/	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgment	
CODY IS (if other than # 4 above):	
TAIS OF PRINCIPALITY OF THE PRINCIPALITY OF TH	
	Secretary of State use only
	ocoretary or otate use only
nature: ///www./ww/	

IDAHO SECRETARY OF STATE @5/@8/2013 @5:00 CK: 1391761 CT: 172099 BH: 1372963 1 0 25.00 = 25.00 ASSUM NAME # 2

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