CERTIFICATE OF ASSUMED BUSINESS NAME

	(Please type or print legibly.	See instructions on reverse.)
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
1.	The assumed business name which the u business is:	ndersigned use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business names and the second sec	s) of the entity or individual(s) doing me is/are:
	<u>Name</u>	Complete Address
	Howard R Furman Jacqueline E Furman	Rt 1 Box 72 Plummer ID8385, Rt 1 Box 72 Plummer ID 83851
3.	The general type of business transacted u (mark only those that apply)	nder the assumed business name is:
	X Retail Trade X Manufacturin X Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	g
	The name and address to which future F correspondence should be addressed:	Phone number (optional): 268 274-2868
	Jacqueline E Furman Rt, Box 72	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
-		Secretary of State use only IDAHO SECRETARY OF STATE
matur	e Orange E F	1DAHO SECRETARY OF STATE 12/07/1998 09:00 CK: 5166 CT: 107711 BH: 167632

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