227



Signature:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE	
SECRETARIAN SECRETARIAN SECRETARIAN PM 12: 40	
SECRETARY OF OF	

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	idual and/or enti med business n	•			• •	ose doing bu	usiness und	der	
Susan M	foyer	PO	Box 6115 Bois	5 Boise, ID 83707					
(Name)		(Addre	:95)				··		
(Name)		(Addre	ess)	······································				<u> </u>	
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(Name)		(Adore	ess)				<u> </u>	-	
3. The gene	ral type of busir	ess trans	sacted under t	the as	sumed busine	ess name is	:		
	il Trade esale Trade ices		Construction Agriculture Manufacturin		Minin	portation ar g ce, Insuran			
4. Mailing a	ddress for future	сопеsро	ondence:	5.	Name and a copy is (if othe		his acknow	ledgment	
Şusan M	oyer	,							
(Name)		•	<u></u>		(Name)	· · · · · · · · · · · · · · · · · · ·			
PO Box (	0110	<del> </del>			(Address)				
Boise		ID	8370		(*100/000)				
(City)		(State)	(Zip∞de)		(City)		(State)	(Zipcode)	
Printed Nam	rinted Name: Susan Moyer				Secretary of State use only				
Signature:	X 1/V								
Printed Nam	e:	:				IDAHO SECRI	etary of st <b>016 05:</b>		
Signature:					CK:3981484 CT:172099 BH:1535089 16 25.00 = 25.00 ASSUM NAME #2				
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Rev. 08/2015