

Printed Name: \_\_\_\_\_ Capacity/Title: \_\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2013 OCT 22 AM : 09

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The true name(s) and <u>business</u> address(es) pusiness under the assumed business name	
Name	Complete Address
	100 w claire St
	Meridian Id
	83646
Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ 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:  John Weymouth	S ecretary of State 450 North 4th Street PO Box 83720
Mexidian, Id 83646	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	t
COPY iS (# other than # 4 above):	

10/22/2013 05:00 CK: 1005 CT: 200833 BH: 1394922 1 0 25:00 = 25:00 ASSUM NAME # 2

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