

Capacity/Title: Co-Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

12 ATR 13 AH 9: 10

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.

A	NGELS CHEST
The true name(s) and <u>business</u> addre business under the assumed business <u>Name</u>	ess(es) of the entity or individual(s) doing s name: <u>Complete Address</u>
Sean M. Morris	1475 N. Hornback Av. Star, Id 83669
Mary A. Morris	1475 N. Hornback Av. Star, ld 83669
	ted under the assumed business name is:
 Wholesale Trade ☐ Construct Services ☐ Agricult Manufacturing ☐ Mining Finance, Insurance, and Real E 	ure Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed ANGELS CHEST 	d: 450 North 4th Street PO Box 83720
1475 N. Hornback Av. Star, Id 83669	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	igment
	Secretary of State use only
nature:nted Name: Sean M. Morris pacity/Title: Wher	
nature: Many A. Morris	IDAHO SECRETARY OF STATE 94/13/2012 05: 94/13/2012 05:

CK: 276 CT: 269245 BH: 1319614 1 @ 25.08 = 25.08 ASSUM NAME # 2