

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE 2014 FEB 10 AM 9: 00

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF ICAHO

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

The true name(s) and <u>business</u> address(e business under the assumed business name     Name     Toni L Greer	es) of the entity or individual(s) doing me: <u>Complete Address</u> 920 Laree Way Weiser Id 83672
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Toni L Greer  920 Laree Way  Weiser, Id 83672  5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Am L. Sreen  Printed Name: Toni L Greer	Secretary of State use only
apacity/Title: Owner	
rinted Name:	IDAHO SECRETARY OF STATE 02/10/2014 05:00

abn.pmd Rev. 07/2010

CK: 1833 CT: 158010 BH: 1489798 1 8 25.00 = 25.00 ASSUM NAME # 2

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Capacity/Title: