

Capacity/Title: OW NER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 FEB 17 AM 9: 22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing	• .
Name	Complete Address	
ROBERT SCHMILLEN	1306 N. 6+h ST	<u></u>
	COEUR D' ALENE IDAHO 83814	·
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: ROBERT SCHMILLEN 1306 N. 6+4 ST	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
CDA ID 838/9 5. Name and address for this acknowledgm copy is (if other than #4 above):	ent	
Signature: // Signature required) Printed Name: ROBERT SCHM/UEX	Secretary of State use only 9007/00 possion IDAHO SECRETAR	

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