

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

		<b>^</b>
	CERTIFICATE OF	St. Color Color
	ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	ME signed
N(	Please type or print legibly. OTE: See instructions on reverse before filing	AH/A/K
	assumed business name which the undersigness is:  Pocket Change	ed use(s) in the transaction of
	true name(s) and business address(es) of the ness under the assumed business name: Name	entity or individual(s) doing  Complete Address
R		W 19005 Oakley T. D. 83344 W 19005 Calley ID 83346
3. The (	general type of business transacted under the	assumed business name is:
	Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
	name and address to which future espondence should be addressed: Sale E-Bench	Secretary of State 700 West Jefferson Basement West PO Box 83720
Υ. Ο .	34 W 1900 S Seley ID 83346	Boise ID 83720-0080 208 334-2301
and the second s	me and address for this acknowledgment by is (if other than #4 above):	Phone number (optional):  208 -862-3352
		Secretary of State use only
SignatureĆ Printed Nan	(signature required)	IDAHC SECRETARY OF STATE 12/17/2007 05:00 CK: 9879612 CT: 158818 BH: 1898665

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