

227



# 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 APR 17 AM 8:50

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

High Performance Vending

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Timothy Lewis

Complete Address

4829 W. Palmwood Ln  
Post Falls, Idaho 83854

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

4. The name and address to which future correspondence should be addressed:

Timothy Lewis  
4829 W. Palmwood Ln  
Post Falls, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Printed Name: Timothy Lewis

Capacity/Title: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
04/17/2013 05:00  
CK: 2629 CT: 150010 BH: 1369824  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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