

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILED
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed B Please type or print legibly. NOTE: See instructions on reverse before	NAME ne undersigned susiness Name.
The assumed business name which the undoposition business is: SHOOTING STAR FARM	
2. The true name(s) and business address(es business under the assumed business name Name	of the entity or individual(s) doing ne: Complete Address 16 SHOOTING STAR LANE HALLEY, ID B3333
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: See #2_	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
Signature: Circle Murches Printed Name: CAROL MURPHY Capacity/Title: CWW (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE ### ### ### ########################

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