

## CERTIFICATE OF ASSUMED BUSINESS NAME

d

FILED EFFECTIVE

07 AUG 27 AM 9: 00

SECRETARY OF STATE STATE OF IDAHO

D114536

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:  Trademark Cus	
2. The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e:  Complete Address  9475 N. Hwy. 41  Post Falls ID 83854
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  9475 N. Huy 4   Post Falls ID 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  Aurin (a) w(5	Phone number (optional): 208-704-3242
	Secretary of State use only
Signature:  Printed Name: Aurin Colves  Capacity/Title: Owner  (see instruction # 8 on back of form)	Section   Secretary   Secret