

Capacity: OWNER

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF TOAHO

2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name  Dixie lavore Booher 160  Por	Complete Address  3 N. Bluff St  Se , ID 83706
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and I Wholesale Trade Construction	Public Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Dixie L. Booker 1623 N. Blist St. Boise ID 83706	PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):
	Secretary of State use only
nature: Divie L. Booker	IDAHO SECRETARY OF STATE 97/26/2001 05:01

1 8 20.00 = 20.00 ASSUM NAME # 2

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