

Capacity/Title:

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

11 APR 29 AM 8: 33

SECRE ARY OF STATE STATE OF IDAHO

Please type or print legibly.	
Instructions are included on back of application	<u>.</u>

The assumed business name which the undersign business is:	gned use(s) in the transaction of
MABOPAT	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	ne entity or individual(s) doing
<u>Name</u>	Complete Address
Corinne Builock	S14 fair Street, Buhl Idaho
3. The general type of business transacted under the	
Retail Trade Transportation and Wholesale Trade Construction	Public Othities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
ConneBulock	PO Box 83720 Boise ID 83720-0080
214 air street	208 334-2301
Buni Idaho 83316	
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	
	Secretary of State use only
Signature: Open Polluk	
Printed Name: CONNE BULOCK	
Capacity/Title: OWNEY	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	04/29/2011 05:00 CK: 1281 CT: 158818 BH: 1271477
	1 B 25 MM = 34 MM APPIM NAME & A

abn.pmd Rev. 07/2010

25.88 ASSUM MAME # 2

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