## FILED EFFECTIVE



## **CERTIFICATE OF** Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. Please type or print legibly. Bructions are included on back of application.

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The assumed business name which the undouble business is:	dersigned use(s) in the transaction of
Craig's Appliance	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Craig's Appliance Repair and Installation, Inc.  (C199450)	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture	n and Public Utilities
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Jessica Miller  1026 18th Ave  Lewiston, ID 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt
Signatures MULL	Secretary of State use only
Printed Name: Jessica Miller	
Capacity/Title: President  Signature:	IDAHO SECRETARY OF STATE  10/09/2013 05:00  CK: 1102 CT: 288484 BH: 1393422  1 0 25.00 = 25.00 ASSUM MANE # 2
Printed Name: Capacity/Title:	7 E FOSOS - FOSOS MONOS MANY A P

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