Capacity/Title:\_



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED SPRECTIVE

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

SECRETARY OF STATE

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the ubusiness is:  PURE SYNERGY TRAM	
2. The true name(s) and <u>business</u> address(abusiness under the assumed business name  Name  Row MARTHE	es) of the entity or individual(s) doing ame:  Complete Address  1208 E. WASHINGTON ST.  BUSE ID 83712
3. The general type of business transacted of Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Walled Printed Name: RON MARTHE Capacity/Title: OWNER OPERATOR	IDAHO SECRETARY OF STATE
Signature: Printed Name:	09/02/2010 05:00 CK: 1184 CT: 158610 BH: 1237411 1 8 25.00 = 25.00 ASSUM HAME # 2