

(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.



The assumed business name which the under business is:      Tdaho's Tylevne	
	Complete Address 344 Tuense Dr. Mignistan 10 207 Chanolica Aire-Numps, 108324
3. The general type of business transacted unde  Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  2207 Chero Lee Ave	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: (signature required)  Printed Name:  Capacity/Title:	Secretary of State use only  590 (1990) 19

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