

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2014 DEC -4 PM 1: 32

D175313

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

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the business is:	e undersigned use(s) in the transaction of
Northwest Locksmith	
2. The true name(s) and <u>business</u> address business under the assumed business Name See I Ampute	
3. The general type of business transacted Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	etion and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 5274 W Roome et 130 53705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: for Ambaber Capacity/Title: ome Signature: for Manager Signature	IDAHO SECRETARY OF STATE 12/04/2014 05:00 CK:CASH CT:158010 BH:1451697 18 25:00 = 25:00 ASSUM NAME #2
Printed Name:	

abo pmd Rev 07/2019

Capacity/Title:__