

CERTIFICATE OF ASSUMED BUSINESS NAME

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

CERTIFICATE OF	EDEE
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th	ne undersigned
submits for filing a certificate of Assumed B	usiness Name.
Please type or print legibly. Instructions are included on back of app	dication.
 The assumed business name which the un business is: 	dersigned use(s) in the transaction of
A&B Sales	
 The true name(s) and <u>business</u> address(es business under the assumed business name Name 	· · · · · · · · · · · · · · · · · · ·
Tel Boam	
rei Doani	3373 E County Line Rd Idaho Falls, ID 83401
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: A&B Sales 3373 E County Line Rd	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
Idaho Falls, ID 83401	i i
<u> </u>	1f
	nt
5. Name and address for this acknowledgmer	
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State use only
5. Name and address for this acknowledgmen	

06/20/2014 05:00 CK:900 CT:298179 BH:1429989 1@ 25.00 = 25.00 ASSUM NAME #2

D172085

Capacity/Title: Owner

Capacity/Title:__

Printed Name: ____

Signature: