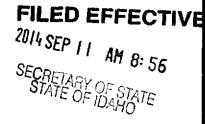


Printed Name: ___ Capacity/Title:_

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. Instructions are included on back of application.



What I	
The true name(s) and <u>business</u> address(es business under the assumed business name).	ne:
<u>Name</u>	Complete Address
Feter H. Balker	604 Stewart Ave. Lewistin, ID
	2350L
3. The general type of business transacted ur	nder the assumed business name is:
	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
·	Hame and \$25.00 fee to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
Peter H. Bolker Gol Stangert Ave	Boise ID 83720-0080
Lewiston, ID 93501	208 334-2301
E. Name and address for this sales and advanced	
Name and address for this acknowledgmer copy is (if other than # 4 above):	11
Peter H. Bakker 604 Stewart Ave	
Lewiston ID 83501	
	Secretary of State use only
	and any of order doe only
anatura: 15 7/1/d	
_*	IDAHO SECRETARY OF STATE
gnature: HEBUUL rinted Name: Peter H. Bakkel apacity/Title: Owner	IDAHO SECRETARY OF STATE 09/11/2014 05:00 CK:4054 CT:301036 BH:14409

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