

## **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. 09 SEP 24 PM 12: 56

SECRETARY OF STATE STATE OF IDAHO

| 1. The assumed business name which the ur business is:  \[ \int ALLEY  \text{SALES} \\ \xi \]  |   |   |  |
|--|---|---|--|
| 2. The true name(s) and business address(extraction business under the assumed business name  Name  GARLY D. HARKELL   | ne:   | Complete Address  |  |
| Comos S. HARLEZC   | 1604<br>Calb                                      | well Idaho  |  |
|  | -   | 83607   |  |
| 3. The general type of business transacted under the second secon |   |   |  |
| <ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>  | 1   | Submit Certificate of<br>Assumed Business<br>Name and <b>\$25.00</b> fee to:        |  |
| 4. The name and address to which future correspondence should be addressed:  SAME  |   | Idaho Secretary of State<br>450 N 4th Street<br>PO Box 83720<br>Boise ID 83720-0080 |  |
|  |   | (208) 334-2301  |  |
| 5. Name and address for this acknowledgm copy is (if other than # 4 above):  | ent   |   |  |
|  |   | Secretary of State use only   | ************************************** |
| ignature: Daw DHastey rinted Name: GARRY D. HASKELL rapacity/Title: Owner (see Instruction # 8 on back of form)  | g.koop/forms/abn forms/abn.p65<br>Revised 04/2003 | IDAHO SECRETA<br>09/24/200<br>CK: CASH CT: 1580                                     | RY OF STATE<br>19 <b>05 : 0</b> 1      |

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