

Printed Name:\_

Capacity/Title:\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAY 26 AM 9: 26

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.

NOTE: See instructions on reverse before filing.

Kembrandt Isee	Care
The true name(s) and business address(es) of t business under the assumed business name:  Name	he entity or individual(s) doing  Complete Address
- Mark Dermain	501 Main-1.0. 137 Deary 10 83823
The general type of business transacted under t  Retail Trade Transportation and Wholesale Trade Construction	• • • • • • • • • • • • • • • • • • •
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Rembrandt Tree Lare  50/ Main  Deary 10 83823-0/37	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-877-1269
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IDAMO SECRETARY OF STATE

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