

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

11 AUG 22 AM 9: 01

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

SECRETARY OF STATE STATE OF IDAHO

Stic	ky Graphics & Design
The true name(s) and <u>business</u> addr business under the assumed busines <u>Name</u> Britney LaRae Marchioro	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u> P.O. Box 2153, Hayden Idaho 83835
	cted under the assumed business name is: ortation and Public Utilities uction
Services Agricul Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which futu- correspondence should be addresse Britney L. Marchioro	ed: 450 North 4th Street PO Box 83720
P.O.Box 2153 Hayden, ID 83835	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
D-9 1/1 -	Secretary of State use only
gnature:	
inted Name: Britney LaRae Marchioro	
apacity/Title: Owner	
gnature:	
inted Name:	CK; 3616 CT: 256744 BH: 1287525 1 9 25.00 = 25.00 ASSUM NAME # 6
apacity/Title:	