

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.

FILED EFFECTIVE

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

	The	Book Portal		
busii	true name(s) and <u>business</u> address(ness under the assumed business na <u>Name</u> Whitacre	,	Complete Address	
			Moscow, ID 83843	
3. The	general type of business transacted Retail Trade	on and Pul n		
COTTE K. W 205 S	Finance, Insurance, and Real Estatement and address to which future espondence should be addressed: hitacre S. Almon St. Dow, ID 83843	te	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Nam	ne and address for this acknowledgm / iS (if other than # 4 above): e as #4	ent		
	Kim Whitacre		Secretary of State use only	
	me: Kim Whitacre	•		
	itle: Manager	-		
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