

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 SEP -8 AM 9: 23

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the undersigned use(s) in the transaction of business is The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: 	
Douglas & Bressie 10	Complete Address 9 W 10 th Postfals ID 23254
3. The general type of business transacted under the Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DOLLIAS R Bressie 23834	
5. Name and address for this acknowledgment copy is (if other than #4 above): Scyne	Secretary of State use only
ignatura: Alarma la Alarma società de la companya d	

IDAHO SECRETARY OF STATE

99/08/2008 05:00

CK: 951 CT: 229497 BH: 1134747

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