

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.

2007 FED 25 PM 1:16

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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The assumed business name which the undersigned business is:	ed use(s) in the transaction of
AFM	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tracy SquiftS 100 DBA : AFM HA	Complete Address
3. The general type of business transacted under the	assumed business name is:
☐ Retail Trade ☐ Transportation and Pu☐ Wholesale Trade ➢ Construction	ublic Utilities
ServicesManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above).	208 772-01001
	or 208 659-3902
	Secretary of State use only
Signature:	0108626
Capacity/Title: OWAD (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 02/27/2007 05:00 CK: 9570 CT: 111103 BH: 1035982 1 8 25.00 = 25.00 ASSUM NAME # 2