FILED EFFECTIVE



Printed Name: ____

Capacity/Title:_

Treasurer

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

	shing (USA)	 	
The true name(s) and business address(est business under the assumed business name Name Friends of the Pari Center Inc (C 15 6 800)	ne: Complete Address	entity or individual(s) doing Complete Address Nez Perce Circle, Hailey, ID 83333	
The general type of business transacted un	nder the assumed business na	me is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Pari Publishing (USA) 196 Nez Perce Circle Hailey, ID 83333	Submit Certificate Assumed Busines Name and \$25.00 Secretary of State 700 West Jefferso Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	s fee to: n	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (op: 208-578-8002	•	
		te use only	

IDAHO SECRETARY OF STATE