

(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.



D76284

The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Name	of the entity or individual(s) doing e:  Complete Address  821 N. Spokane St Post Falls, ID 83859
<ol><li>The general type of business transacted und</li></ol>	ler the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
	Secretary of State use only
Signature: Culcumbrate Capacity/Title:	IDAHO SECRETARY OF STATE  95/13/2004 95:00  CK: 4411914838 CT: 150010 BH: 744814  1 0 25.00 = 25.00 ASSUM NAME 0 2
(egg instruction # 9 on back of form)	.1♥ 1 <i>7 11.'1</i> 0 <i>U</i>