

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:



D188539

1.	The assumed business name which the undersigned use(s) in the transaction of business is: 13						
	BLACKH	HORAI	ŘΔ	NICH	STATE OF IS.	STATE	
			12/2		UF IDA	HOE	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):						
	(Name) (Address) (Address) FID 83654						
	(Name)	(Address)					
	(Name)	ame) (Address)					
	(Name)	(Address)				-	
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Wholesale Trade	✓ Construction✓ Agriculture	1	☐ Transpo ☐ Mining	ortation and Public U	Itilities	
	Services	Manufacturii	ng	Finance	e, Insurance, and Re	al Estate	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4).						
	(Name) ORTENZIO			(Name)	· <u>, , , , , , , , , , , , , , , , , , ,</u>		
	PO Box 223		(Name)	_			
	(Address) WEW MEADOWS TO 83654 (City) (State) (Zipcode)			(Address)			
	(City) (St	ate) (Zipcode)		(City)	(State)	(Zipcode)	
Printed Name: Ed ORTENZIO				Secretary of State use only			
Sig	gnature:	Bes					
Printed Name:				IDAHO SECRETARY OF STATE			
Signature:				08/16/2016 05:00 CK:1400 CT:327901 BH:1542049			
Printed Name:				1@ 25.00 = 25.00 ASSUM NAME #2			