

Printed Name: Dick

Capacity/Title: OW her

(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.

05 APR 19 PM 3:00

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

SECFEL - UF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is:	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u>	
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Dick Inglis  300 E. 35th st.  Garden City Td. 83714	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 345 5305
gnature: Lick Anglin coa	Secretary of State use only

corplforms\abn forms\at Revised 04/2003

ÎDAHO SECRETARY OF STATE

04/19/2005 05:00

CK: CASH CT: 158010 BH: 805535

1 0 25.00 = 25.00 ASSUM NAME # 2

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