

Printed Name: \_\_\_\_\_\_\_) On

wher (see instruction # 8 on back of form)

Capacity/Title:

## **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.

08 JUN -5 AM 9: 01

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:	ed use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:  Name  Don Childers  Nag	Complete Address  BOX 338  Oles IV 83847  I Creek Road
The general type of business transacted under the Retail Trade	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Name and address for this acknowledgment	(200) 004-2001
COPY IS (if other than # 4 above):	Secretary of State use only
nature: X 290 Clibb	

IDAHO SECRETARY OF STATE 06/05/2008 05:00 CK: 290739 CT: 158010 RH: 1118263 1 0 25.00 = 25.00 ASSUM NAME # 2