

(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. e instructions on reverse before filing

SKY QUILTING	
The true name(s) and business address(es) of pusiness under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
SKYWALKER REED	PO BOX 975
	BURLEY IDAHO 83318
The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and <b>\$25.00</b> fee to:
Finance, Insurance, and Real Estate	Name and \$23.00 fee to.
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
SKYWALKER	PO Box 83720
PO BOX 975	Boise ID 83720-0080 208 334-2301
BURLEY IDAHO 83318	200 304-2001
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-677-4899
SAME AS # 4	
	Secretary of State use only
	10000 100000 100000 1000000
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