

Capacity/Title:

## 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.

2012 AUG -9 PM 3: 59

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the und business is:  Hillerest View T	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Aaran Burch	· · · · · · · · · · · · · · · · · · ·
Wholesale Trade Construction Services Agriculture Manufacturing Mining	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Aaron Burch  204 W. Linden st  Caldwal ID, 83605	Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: August Bunk	Secretary of State use only
Printed Name: Aaron Burch	
Capacity/Title: OUNCY	
Signature:	IDAHO SECRETARY OF STATE 08/09/2012 05:00
Printed Name:	CK: CASH CT: 158010 BH: 1335367 1 0 25.00 = 25.00 ASSUM NAME # 2

D157386

abn.pmd Rev. 07/2010