

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 JUL 27 AM 9: 33

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

	The true name(s) and business address(es) obtainess under the assumed business name		ntity or individual(s) doing	
	Name		Complete Address	
	Nathoniel Kodesh Williams:	· •	P.O. BOX 817	
	Julie-Anne Celdran	-	Caldwell, 10 83606	-0817
	The general type of business transacted und	er the a	ssumed business name is:	*
	Retail Trade Transportation a	ind Pub	lic Utilities	- - -
	Wholesale Trade Construction Services Agriculture	1		7
	· · · · · · · · · · · · · · · · · · ·	I	Submit Certificate of Assumed Business	
			Name and \$25.00 fee to:	
	Finance, Insurance, and Real Estate	4		
	The name and address to which future		Idaho Secretary of State 450 N 4th Street	
	correspondence should be addressed:		PO Box 83720	
	Nothaniel Williams	e e a su c	Boise ID 83720-0080	No production and the
	1512 Sunset Ave.	l	(208) 334-2301	
	Caldwell, 10 8360S			_
	CACINCII, IU BOGOS	_		
5.	Name and address for this acknowledgment	t		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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