

Printed Name: 🤇

Capacity/Title:___

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.	
1. The assumed business name which the undersigned business is: LEAD - LINE S	ed use(s) in the transaction of
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: HEAD-LINERS 3417 Summer Run Thail	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Man Blandry 3	208 334-2301 Phone number (optional): 208 - 552 2909 709 - 5536 Secretary of State use only

IDAHO SECRETARY OF STATE

95/31/2095 95:00

CK: 6212 CT: 158818 BH: 813485
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