## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

1. The assumed business name which the undersigned use(s) in the trans

Xtreme Details

| 2. | The true name(s) and business address(es) of the entity or individual(s) do business under the assumed business name is/are: | ing |
|----|--|-----|
|    |  |     |

Complete Address 1680 tunibleward

3. The general type of business transacted under the assumed business name is:

| Retail T Wholes Services         | ale Trade | Manufacturing<br>Agriculture<br>Construction | = | Transportation and Public Utilities<br>Finance, Insurance, and Real Estate<br>Mining |  |  |  |
|----------------------------------|-----------|--|---|--|--|--|--|
| The name and address to the same |           |  |   |  |  |  |  |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): \_

Chia Match Rd

5. Name and address for this acknowledgment COpy is (if other than # 4 above).

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only IDAHU SECRETARY OF STATE

M6/53/50MM 09:00 CK: 8385 CT: 132776 BH: 328764

1 0 20.00 = 20.00 ASSUM NAME # 2

Signature: **Printed Name:** 

Capacity:

(see instruction # 8 on back of form)