

Capacity/Title:

Signature:

Printed Name: R

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

CERTIFICATE OF  ASSUMED BUSINESS N  Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busin  Please type or print legibly. Instructions are included on back of applica	ess Name.
The assumed business name which the understand business is:      The ICE Cream Truck	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Stant Lundquist T  Brant Lundquist T	the entity or individual(s) doing  Complete Address  PLIE Syndon(EDC)  COST FAIS ID 80354
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  130-Hi L. Sundance D. 1911 E. Sundance D. 19354	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):	
gnature: ARI ARI ARI	Secretary of State use only

IDAHO SECRETARY OF STATE

96/94/2013 95:90

CX: 1866 CT: 283928 BH: 1376627

1 9 25.88 = 25.88 ASSUM NAME 1 2 D163666

abn.pmd Rev 07/2010