



CERTIFICATE OF ASSUMED BUSINESS NAME

2014 NOV -4 PM 4: 55

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

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bowman Funeral Parlor

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Bowman Funeral Parlor, Ltd.</u>	<u>10254 W. Carlton Bay, Garden City, ID 83714</u>
<u>C/54121</u>	

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Bowman Funeral Parlor, Ltd.
10254 W. Carlton Bay
Garden City, ID 83714

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

Todd Winegar
225 N. 9th Street, Ste. 820
Boise, ID 83702

Signature: *Gary D. Bowman*

Printed Name: Gary D. Bowman, President

Capacity/Title: Bowman Funeral Parlor, Ltd.

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/05/2014 05:00
CK:70740 CT:67242 BH:1448098
1@ 25.00 = 25.00 ASSUM NAME #2

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