

Capacity/Title:

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME 17 AM 10: 07

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name RY OF STATE Please type or print legibly.

TE: See instructions on reverse before filing.

business is:  VANBRUNT WHOLESALE	
Name	Complete Address
JOSHUA M VANBRUNT	4001 N 15TH ST
	COEUR D ALENE,ID. 83815
TAMMY M VANBRUNT	4001 N 15TH ST
<ul> <li>☐ Retail Trade</li> <li>☐ Transportation at a construction</li> <li>☐ Services</li> <li>☐ Agriculture</li> </ul>	nd Public Utilities  Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
COEUR D ALENE,ID. 83815	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  N/A	
	Secretary of State use only
	<b>8</b>
	Sol of the secretary of State
atura:	
ed Name: JOSHUA M VANBRUNT	IDAHO SECRETARY OF STATE

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