Capacity/Title: **UWNER**

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

HE, MUG 25 AM 11: 24

SECH HER STATE STATE OF DAHO

79479

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersigned business is: 	I use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name THERESE MEDLEY 7/0 W PARL MEDLEY NAMI	Complete Address
3. The general type of business transacted under the assumed business name is:	
 □ Retail Trade □ Wholesale Trade □ Construction □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 10 BENTON AVE NAMPA ID 8365/ 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 46 / - 3466
2900	Secretary of State use only
Signature: THERESE MEDLEY	IDAHO SECRETARY OF STATE @8/25/2604 @5 # @0 CX: 3826 CT: 158818 3H: 762794 1 8 25.88 # 25.88 ASSUM NAME # 2