

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

3 86525

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRET OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:  SaIDER CREEK FULLS	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Tim Ingle  Po	entity or individual(s) doing  Complete Address  Box 306 STAR, ID 83669
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    D   Box 306   S669   S66	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208 442 - 7111
Signature:  Signature:  (signature required)  Printed Name:  Signature required)  Capacity/Title:  Signature required)  Frinted Name:  Signature required)  Signature required)	IDAHO SECRETARY OF STATE  94/98/2095 95:00  CK: CASH CT: 158010 BH: 803582  1 9 25.00 = 25.00 ASSUM NAME # 2