

## 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

10 SEP 23 AM 8: 18

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

SECRET RY OF STATE

	beyond	d the image
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Vicki L. Blake	es) of the entity or individual(s) doing time:  Complete Address  127 Ursus Lane, Bonners Ferry, ID 83805
3.		on and Public Utilities
	Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed: beyond the image  Vicki L. Blake, 127 Ursus Lane	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	ent
0:	ture: Vichi &- Blake	Secretary of State use only
_	ture: Vioki L. Blake	
	city/Title: owner- sole proprietor	
•	ture:	IDAHO SECRETARY OF STATE 29/23/2010 05:00
_	d Name:	CK: 1116 CT: 158010 BH: 1240147 1 @ 25.00 = 25.00 ASSUM NAME # 2
I SI ILO	city/Title:	THE PARTY OF THE P

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