

Printed Name: \_

Capacity/Title: Manager, Blackhawk Partners, LLC

(see instruction # 8 on back of form)

## **CERTIFICATE OF** FILED EFFECTIVE **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned 07 0CT 22 AM 9: 45 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

116125

. The true name(s) and business address(es) o	of the entity or individual(s) doing
business under the assumed business name:	e. De la companyación de la companyaci
Name Sima Muroff	Complete Address 112 North Third Street, Mccall, Idaho 83638
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208)
Blackhawk Partners, LLC	334-2301
112 North Third Street  Mccall, idaho 83638	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t
nature:	Secretary of State use only    Secretary of State use only