

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME 5
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. CF STATE

Bridge St. Works	
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
Name	Complete Address
Bridge St. Inc.	P.O. Box 23, Stanley, ID 83278
(C/b0330)	
The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Bridge St. Inc.	sider the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O. Box 23	Boise ID 83720-0080
Stanley, ID 83278	208 334-2301
Name and address for this acknowledgmer copy is (# other than # 4 above):	nt Phone number (optional):
A	Secretary of State use only
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