

Printed Name: Richard

(see instruction # 8 on back of form)

Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 355 29 (1) 9:58 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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 The assumed business name which the undersign business is: 	
Dearden's 5mo	Ke Shop
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Richard Dearden 10	
	38 So. Lincoln
3. The general type of business transacted under the	
Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Richas & Deasden 165 Clear Springs Dr.	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	Phone number (optional):
CODY IS (if other than # 4 above):	208-736-2391
	Secretary of State use only
Inature: Granting control	
nature: Signature required)	

IDAHO SECRETARY OF STATE 99/29/2003 05:08 CK: 2389 CT: 158810 BH: 784881 1 8 25.88 = 25.80 ASSUM NAME # 2

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