

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

06 SEP 19 PM 12: 29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the urbusiness is:  Buse Dancers.	
2. The true name(s) and <u>business</u> address(est business under the assumed business name  Name  Bebrana Evans	s) of the entity or individual(s) doing me:  Complete Address  PmB 795  3929 averland rd.  Boise ID 83705 - 2968
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): $308-402-4064$
	Secretary of State use only
Signature: Subscription (Signature required)  Printed Name: Bebiana Evans  Capacity/Title: Managu	IDAHO SECRETARY OF STATE  9/19/2006 05:00  CK: CASH CT: 158010 BH: 975890  1 0 25.00 = 25.00 ASSUM MARE # 3