

Printed Name: Bryan

(see instruction # 8 on back of form)

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



2. The true name(s) and <u>business</u> address(e business under the assumed business nar <u>Name</u> Pryan Haney	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 9323 N. Government Way #26
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:  Secretary of State 700 West Jefferson Basement West PO Box 83720
19323 N. Gov F Way #251 Hayden, 1D 83835 5. Name and address for this acknowledgment copy is (if other than #4 above);	Boise ID 83720-0080 208 334-2301 Phone number (optional): 877-660 - 8378

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IDANO SECRETARY OF STATE

: 158010 BH: 751200 25.00 ASSUM NAME # 2