

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.

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

business under the assumed business na	(es) of the entity or individual(s) doing ame:
<u>Name</u>	Complete Address
HATHONY HENOLD	Wallace, FOAHO 83843
-	Wallace, IDAHO 83843
	P.O. BOX 123
☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Anthony Arnold 167 Buena Vista Wallace, Toaho 83873	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Phone number (optional):
	Secretary of State use only

(see instruction # 8 on back of form)