

Printed Name: 1) ean a

(see instruction # 8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME Controllant to Section 53-504, Idaho Code, the undersigned Controllant to Section 53-504, Idaho Code, Idaho Cod

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

AM 8.

The submits for filing a certificate of Assumed Business Name:

AM 8.

DALATE

NOTE: See instructions on reverse before filing.

and the assumed business har	s) of the entity or individual(s) doing me:
Name Decino II Roje	Complete Address
Deara M. Dair	PO BOX 642
	New Meadows, 10 8365
3. The general type of business transacted ur	ador the appument to
a substitution of the state of	ider the assumed business name is:
Retail Trade Transportation	n and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
. The name and address to which future	Secretory of State
correspondence should be addressed:	Secretary of State 700 West Jefferson
Dana Bais	Basement West
Do box (1/2)	PO Box 83720
10 100 645	Boise ID 83720-0080 208 334-2301
New Meadows (1) 8365	208 334-2301
5. Name and address for this acknowledgme	nt Phone number (antique)
COPY IS (if other than # 4 above):	int inone number (optional);
5. Name and address for this acknowledgme	nt Phone number (optional):

1569848

IDAHO SECRETARY OF STATE 10/21/2003 05:00 CK: 296 CT: 158010 BH: 707603 6 25.00 = 25.00 ASSUM NAME # 2