

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing.

Martin E	oys
The true name(s) and business address(es) or business under the assumed business name:	Complete Address Po Box 169 Melba Id Po Box 169 Melba Id Po Box 169 Melba Id
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
gnature (signature required) nted Name: Judah Martin pacity/Title: Partner (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE

CK: 1050 CT: 158010 BH: 813806 1 0 25.00 = 25.00 ASSUM MANE N 2

