



Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

STATE OF IDAHO

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

The true name(s) and business address(es) of business under the assumed business name: Name	
C15 - A	Complete Address
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Reed m Me Ch	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (681 - 5285
	Secretary of State use only

IDAHO SECRETARY OF STATE 99/01/2004 05:00 CK: 753 CT: 158010 BH: 763985 1 0 25.00 = 25.00 ASSUM MARE # 2

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