

Capacity/Title: Owner

Capacity/Title:\_\_\_

Signature:

Printed Name: \_\_\_\_\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 JUL 28 AM 8: 31

SECRETARY OF STATE STATE OF IDAHO Please type or print legibly. Instructions are included on back of application.

	This Just In	
The true name(s) and <u>business</u> ad business under the assumed business under the assumed business under the assumed business and the business	Idress(es) of the entity or individual(s) do ness name: <u>Complete Address</u> 212w Ironwood dr D-260 Cd'A, ld 8	-
Retail Trade Trans Wholesale Trade Cons	Assumed Business	
The name and address to which for correspondence should be address Deborah Ralston 212w Ironwood dr D-260 Cd'A, Id 838	sed: Secretary of State 450 North 4th Street PO Box 83720	
Name and address for this acknown copy is (if other than #4 above):	wledgment	

IDAHO SECRETARY OF STATE 97/28/2010 05:00 CK: 1188 CT: 231922 BH: 1232419 1 8 25.00 = 25.00 ASSUM NAME # 3

