

Signature: \_(

Printed Name: Q

Capacity/Title! 6 w ~ ER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 9 MAY 18 PN 3: 1,14 submits for filling a continuous of Assets SECRETARY OF STATE STATE OF IDAHO submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersign business is:  Szw BuddhaFu		<del>-</del> ,
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Caro E Rage  300	entity or individual(s) doing  Complete Address  Doran ST Ross IDS	3705 
3. The general type of business transacted under the	assumed business name is:	
Retail Trade Transportation and P	ublic Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	,
4. The name and address to which future correspondence should be addressed:	idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	· .
3900 W DORIANST BOISS FO 83705	(208) 334-2301	٠.
5. Name and address for this acknowledgment copy is (if other than # 4 above):	en e	
	Secretary of State use only	:

ROPRIETAR

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