

Signature:\_\_

Printed Name: Ralph E.

(see instruction # 8 on back of form)

Capacity/Title: Dwner

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 08 OCT 16 AM-9: 34 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Do It Yourself Green	
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing :
Name	Complete Address
Ralph E. Seelev	P.O. Box532 600 Boundry Rd
	Grand View, Ideho 83624
-	
The general type of business transacted und	er the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Palak B. Carta	Basement West PO Box 83720
Ralph E. Seeley	Bolse ID 83720-0080
P.O. Box 532	208 334-2301
Grand View, Idaho 83624	· · · · · · · · · · · · · · · · · · ·
<ol> <li>Name and address for this acknowledgmen</li> </ol>	t Phone number (optional):
COPY IS (If other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2008 05:00
CK: 2185 CT: 158010 BH: 1140282
1 2 25.00 = 25.00 ASSUM MANE 1

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