

(see instruction # 8 on back of form)

Printed Name: __/

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 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:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Anthony (VUIICI — P.O. — Bold	e entity or individual(s) doing Complete Address VIICI Properties Box 6406 Se, ID 83707
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
 ☐ Services ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
1. The name and address to which future correspondence should be addressed:	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):
	Secretary of State use only

Revised 07/2002

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IDAHO SECRETARY OF STATE **09/16/2002 05:00** CK: 178 CT: 158610 BH: 488388 8 20.00 = 20.00 ASSUM NAME # 2

