

Printed Name: Rick

(see instruction #8 on back of form)

Capacity/Title:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

7004 MAY 14 AM 8: 56

<u>Please type or print legibly.</u>

NOTE: See instructions on reverse before filing.

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1. The assumed business name which the undersigned business is:	STATE OF IDAHO ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Pickie L. VALDEZ P.O	entity or individual(s) doing Complete Address Box 1946 Falls, ID 83854
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Services Agriculture	ublic Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: P.O. Box 1946 Post Falls, TD 83854	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): 208- (040-1987
gnature: Sal Valdy	Secretary of State use only IBANO SECRETARY OF STATE

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