



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

12 SEP -6 AM 9:07

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

**SECRETARY OF STATE
STATE OF IDAHO**

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Wells Distribution

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
Philip Wells	905 Orchard Ave, Moscow, ID 83843

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Philip Wells
905 Orchard Ave.
Moscow, ID, 83843

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Philip A. Wells

Printed Name: Philip A. Wells

Capacity/Title: Philip Wells Owner

Signature: Owner

Printed Name: _____

Capacity/Title: _____

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