

## **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. 0.001.25 ATTO: 55

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

The assumed business name which the undersignation business is:	gned use(s) in the transaction of
CUSTOM GATE AUTON	ATON
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Pond Doubles Applieby  10	Complete Address
3. The general type of business transacted under t	
<ul> <li>Wholesale Trade</li></ul>	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:  \[ \langle 0  \inc \langle 1  \inc \langle \langle 1  \inc \langle 2  \inc \langle 2  \inc \langle 1  \inc \langle 2  \inc \langle 1  \inc \langle 2  \	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above).</li></ol>	Phone number (optional):
	Secretary of State use only
Signature: (signature required)  Printed Name: (Signature required)  Capacity/Title: (Signature required)  Printed Name: (Signature required)	IDAHO SECRETARY OF STATE 97/25/2005 05:00 CK: 4121 CT: 158810 BH: 823117 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: <u>OWNTR</u>	D90007