

Capacity/Titlen_S()b

Capacity/Title: Syb

Printed Name: DANIEL

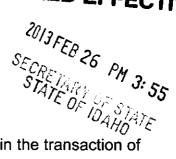
Signature: _____

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.

Please type or print legibly. Instructions are included on back of application.



	ue name(s) and <u>busin</u>	ess address(es) of t	PORTATION he entity or individual(s) doing
busine	ess under the assumed	d business name:	Complete Address
τ	Name ANIEL Mi	10.1 22	Complete Address
	ANIEL III		07 ECHICAGO CI
		<u></u>	IAMPA I.D
			83686
	eneral type of busines Retail Trade X Wholesale Trade	s transacted under t Transportation and Construction	the assumed business name is: Public Utilities
	Services	Agriculture	***
	Manufacturing	Mining	Submit Certificate of
	Finance, Insurance, ar	J	Assumed Business Name and \$25.00 fee to:
	,		Name and \$23.00 lee to.
	ame and address to w pondence should be a	· · ·	Secretary of State
	•	audressed.	450 North 4th Street PO Box 83720
<u> </u>	me as#2		Boise ID 83720-0080
			208 334-2301
	and address for this a	acknowledgment	
	2 (5 -0		
	S (if other than # 4 above):		
	S (if other than # 4 above).		
	S (if other than # 4 above):		

IDAHO SECRETARY OF STATE

02/27/2013 05:00

CK: CASH CT: 158010 BH: 1361963
1 0 25.00 = 25.00 ASSUM NAME # 2

D161297