

Signature:<u></u> \_\_\_\_

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.

FILED/EFFECTIVE

92 SEP 19 AM 8: 21

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**CALVIN PELICHET** 

**OWNER** 

(see instruction # 8 on back of form)

DOIN IT RIGHT PROMOTIONS	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
CALVIN PELICHET	2232 COLORADO AVE
MOLLY PELICHET	2232 COLORADO
The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future	
correspondence should be addressed:	700 West Jefferson Basement West
CALVIN PELICHET	PO Box 83720
2232 COLORADO AVE	Boise ID 83720-0080 208 334-2301
BOISE, ID 83706	
	Phone number (optional):
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	-

Revised 07/2002

IDANO SECRETARY OF STATE

19/19/2002 05:00

CK: CASH CT: 158010 BH: 489138

20.00 = 20.00 ASSUM NAME #

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