NAME
hed of the state o
s(s) in the transaction of
or individual(s) doing plete Address Let IF ID 83404
ned business name is: nsportation and Public Utilities ance, Insurance, and Real Estate ing
Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
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