## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

## To the SECRETARY OF STATE STATE OF IDAHO

(see instruction # 8 on back of form)



	o Section 53-504, Idaho Code of adoption of an Assume		
The assumed business is:	business name which the u	•	
	THE NEATH	est Stuf	F 95 %
	e(s) and business address(e er the assumed business na Name	me is/are:	or individual(section)
SANDRA			HIRLAWAY CT. Boise ID 83704
3. The general ty (mark only those Retail Tra	nde 🔲 Manufacturir	ng 🗌 Tra	med business name is:  nsportation and Public Utilities ance, Insurance, and Real Estate ing
	d address to which future ce should be addressed:	Phone number	(optional): <u>373-0966</u>
_ SAWDRA	KLEIN		Submit Certificate of
9832_v	J. WHIRLAWAY CT.	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	
	BOISE, IDAHO 83704		
5. Name and add copy is (if other to	dress for this acknowledgme		
		2/87	Secretary of State use only IDAHO SECRETARY OF STATE
ignature: <u>Lam</u>	In E. Klein	Revision 2/9.	11/25/1997 @9:00 CK: 3882 CT: 98295 BH: 58329 1 8 20.66 = 26.86 ASSUM MAME
rinted Name: SA	NDRA KLEIN	<b>58</b>	
apacity: Soce V	PROPRIETOR-OWNER	melabn.p85	D10021