

Capacity/Title: OWN/CR

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

09 DEC -2 AM 8: 23

SECRETARY OF STATE STATE OF IDAHO

The true name(e) and husiness add-sec(e)	s) of the antity or individually) dains
2. The true name(s) and business address(es business under the assumed business name  Name  114 Rooter 604 416  10 27 669	
B. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
I. The name and address to which future correspondence should be addressed:  B\$B SEPTIC SERVICE	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O. BOX 2470 HAYDEN, ID. 83835	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent
nature:	Secretary of State use only  Sporting State use only  Sporting State use only  Though Screens or

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