Capacity: OUNGPL

(see instruction # 8 on back of form)

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



To	o the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod gives notice of adoption of an Assumed	e, the unders	igned
1.	The assumed business name which the ur business is:		
	TEALDO CUSTOM CYCLE	5	<u> </u>
2.	or individual(s) doing		
	Name TEALDO TEAL		mplete Address 2 ^{Md} ROISE, ID. 83702
The general type of business transacted under the assumed business name (mark only those that apply)			med business name is:
	☐ Retail Trade ☑ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	Insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future P correspondence should be addressed:	hone numbe	r (optional):
,	1720 N-32 med		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	BOISE, ID. 83702		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	Basement West PO Box 83720
		1	Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		m 2/87	IDANO SECRETARY OF STATE
Signati	ure: Leab Leal	Revision 2/87	DATE 06/16/1997 0900 102285 2
	inted Name: TEAWO TEAL		CK #: cash

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