Capacity/Title:\_



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

2016 APR 12 AM 11: 58

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the unders business is:  BATAIN CITTLE	igned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name    ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	the entity or individual(s) doing  Complete Address  5 18 <sup>th</sup> Ave South  VAMPA ID 83651
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  ITINA TYLSTIV  315 18 <sup>th</sup> Ave. South  NAMDA ID 931051	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: <u>Maltuster</u> Printed Name: <u>  CINA HYISTOV</u> Capacity/Title: <u>OWNEX</u>	IDAHO SECRETARY OF STATE 04/12/2016 05:00 CK:1139 CT:323104 BH:1523308 16 25:00 = 25:00 ASSUM NAME #2
Signature:	
Printed Name:	D185824

abn.pmd Rev. 07/2010