

Capacity/Title:\_\_\_

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

11 JUN -6 AM 10: 03

SECRET Y OF STATE

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

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

1.	business is:
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:    Name
	Blake Lopez 60 W Hubbard St 211 Coeur d'Alene ID 63814
3.	The general type of business transacted under the assumed business name is:    Retail Trade
4.	The name and address to which future correspondence should be addressed:  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).
Printe	secretary of State use only  Name: Bale Lopez  city/Title: Owner
•	Ure: IDAHO SECRETARY OF STATE  96/97/2011 95:00  d Name: CK: 4183 CT: 193972 BH: 1277148
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abn.pmd Rev. 07/2010

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