

Capacity/Title:

(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.

09 JUL -2 PH 1= 20

FILED EFFECTIVE

0131925

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the unbusiness is: Received Rough The true name(s) and business address(es 	
business under the assumed business name Name Christy Hanna	Complete Address 4021 CAIZODO Dr. COLUR D' Alene, ID 83815
Wholesale Trade Construction Services Agriculture Manufacturing Mining	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: HOSI CAIZOD Dr. COULD O' HUNC, TD \$38/5	idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt
Signature: Christian Fequived) Printed Name: Christian Anno	Secretary of State use only IDAHO SECRETARY OF STATE 97/02/2009 05 # 00 CK: 1168 CT: 238511 Mi: 1177386 1 2 25.66 # 25.00 ASSIM MARE #