

Capacity/Title:___

(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



	NOAHO 12
1. The assumed business name which the undersign business is: **TREASURE VALLEY PROCESS**	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name No. 100 4801 Cold	entity or individual(s) doing Complete Address BUFA (O GRASS DUCL IDAHO 83607-130
The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
 ☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-353-0802
Signature: Lichard J. W. Mark	Secretary of State use only ON 1823 IDAHO SECRETARY OF STATE
Signature: Signature: Signature required Signat	09/07/2004 05:00 CK: CASH CT: 158010 BH: 764759 1 0 25:00 = 25:00 ASSUM NAME # 2