



Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

| CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed | SS NAME , the undersigned |
|--|---|
| Please type or print legibly. Instructions are included on back of application. | |
| The assumed business name which the ubusiness is: | |
| Brown Is | Down Taxidermy |
| The true name(s) and <u>business</u> address(business under the assumed business name). | ame: |
| <u>Name</u> | Complete Address |
| Jeffrey W Bradeen | 9571 W Lillywood Dr Boise ID 83709 |
| | |
| | |
| Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: 9571 W Lillywood DR Boise ID 83709 | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 |
| | Boise ID 83720-0080 208 334-2301 |
| | 200 334-2301 |
| 5. Name and address for this acknowledgm copy is (if other than # 4 above): | nent - |
| | Secretary of State use only |
| ignature: Joffy a Buston | _ |
| rinted Name: Jeffrey W Bradeen | – |
| capacity/Title: Owner | _ |
| ignature: | |
| rinted Name: | - 92/14/2012 95:90 - CK: 2393 CT: 266986 BH: 131655 |
| Capacity/Title: | 1 @ 25.00 = 25.00 ASSUM NAME |

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