

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 -9 AM 8: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Modern Me	emories
The true name(s) and business address(es) or business under the assumed business name:	
Name	Complete Address
Brenda Lloyd	4283 W Niemann Dr; Meridian, Id 83642
The general type of business transacted under	er the assumed business name is:
	and Public Utilities
Retail Trade I ransportation at Wholesale Trade Construction	and I abile offices
✓ Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and <b>\$25.00</b> fee to:
☐ Finance, Insurance, and Real Estate	
The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Brenda Lloyd	PO Box 83720
4283 W Niemann Dr	Boise ID 83720-0080
Meridian, ld 83642	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):
	Secretary of State use only
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