

CERTIFICATE OF ASSUMED BUSINESS NAME

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

CERTIFICATE	OF
ASSUMED BUSINI Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assu	Code, the undersigned
Please type or print legibly. Instructions are included on back of application.	
The assumed business name which t business is:	the undersigned use(s) in the transaction of the state of
	Vacation Retreats
business under the assumed busines	
<u>Name</u> Diana Nottage	<u>Complete Address</u> 5900 W. Heine Rd. CDA, Id. 83814
☐ Wholesale Trade ☐ Constru ☑ Services ☐ Agricult	ture Submit Certificate of
correspondence should be addressed Vacation Retreats	Secretary of State d: 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Finance, Insurance, and Real E 4. The name and address to which future correspondence should be addressed	Secretary of State d: 450 North 4th Street PO Box 83720
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