

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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	CERTIFICATE OF ASSUMED BUSINESS		1E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.		gned 379 9.		
Please type or print legibly. Instructions are included on back of application.				
1.	 The assumed business name which the undersigned use(s) in the transaction of business is: 			
	Sir Reel			
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			, , , , , , , , , , , , , , , , , , ,	
	WRIGHT MANAGEMENT, INC	2810 SUI	Complete Address MMER AVE, ATHOL, IDAHO 83801	
	(C88758)			
3.	3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services 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: WRIGHT MANAGEMENT, INC 2810 SUMMER AVE, ATHOL, IDAHO 83801		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt		
			Secretary of State use only	
Signature: Lead Wight				
Printed Name: GERALD WRIGHT				
Capacity/Title: PRESIDENT				
Signature:			1 Though depositably no otate	
Printed Name:			IDAHO SECRETARY OF STATE 64/29/2013 65:00 CK: 1254 CT: 282508 BH: 1371560	
Capacity/Title:			1 @ 25.00 = 25.00 ASSUM NAME # 2	

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