## FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2015 HAY 18 AM 10: 21

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

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

Signature:

Printed Name: \_\_\_\_\_

Capacity/Title:\_\_\_\_\_

| Martin Custom Furnishings     The true name(s) and <u>business</u> addres business under the assumed business   | ss(es) of the entity or individual(s) doing  |
|---|--|
| Name  |  |
| Chad Martin   | Complete Address P.O. Box 3322, Ketchum ID 83340   |
| 3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est  4. The name and address to which future correspondence should be addressed: | ation and Public Utilities tion te  Submit Certificate of  |
| Chad Martin   | PO Box 83720   |
| P.O. Box 3322   | Boise ID 83720-0080<br>- 208 334-2301  |
| Kecthum ID 83340  |  |
| <ol> <li>Name and address for this acknowledgr<br/>copy is (if other than # 4 above):</li> </ol>  | ment   |
| 7////   | Secretary of State use only  |
| unature: C/ / / / V   | The state of the s |
| gnature: Chad Martin  | - IDAHO SECRETARY OF STATE 05/18/2015 05:00  |

CK:1116 CT:227980 BH:1475999 10 25.00 = 25.00 ASSUM NAME #2

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