

Capacity/Title:\_\_\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP 22 AM 9: 48

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersign business is:  ———————————————————————————————————	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:     Name	e entity or individual(s) doing  Complete Address
Dan Langley 33	35 ower Ammon ID 83/10
3. The general type of business transacted under the	assumed husiness name is
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature:    Signature   Signature required   Sign	IDAHO SECRETARY OF STATE 09/22/2008 05:00  CK: 361809334 CT: 158010 BH: 1136844 1 0 25.00 = 25.00 ASSUM NAME # 2