

Printed Name: D

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAY 19 PM 4:21

FILED EFFECTIVE

SEGNE, STATE STATE

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of business and set to business.	f the entity or individual(s) doing
business under the assumed business name: Name	·
1)-1401	Complete Address
DESCRIPTION D.	0 BOY 266, 2917E. 650N.
	KONERTS IN 83444
. The general type of business transacted unde	r the assumed business name is:
	nd Public Utilities
☐ Wholesale Trade☐ Construction☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State
3	700 West Jefferson Basement West
DELLA C. WOODS	PO Box 83720
P.O. BOXS66	Boise ID 83720-0080
KODERSS, DO 83444	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
	•
COPY IS (if other than #4 above):	<u> 208-228-3407</u>
CODY IS (if other than # 4 above):	

icorp/lorms/abn.p6 Revised 04/2003

OWNER! OPERATOR

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **95/19/2006**OK: 7856 CT: 158010 BH: 955575

1 e 25.00 = 25.00 ASSUM NAME # 2

