Capacity: <u>OWNE</u>

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the unde gives notice of adoption of an Assumed Business	rsigned 😘 💮
1. The assumed business name which the undersigned usiness is:	
2. The true name(s) and business address(es) of the ent business under the assumed business name is/are: NANCY R NAME 2021	
3. The general type of business transacted under the ass (mark only those that apply)	sumed business name is:
☐ Wholesale Trade ☐ Agriculture ☐ F ☐ Services ☐ Construction ☐ M	ransportation and Public Utilities inance, Insurance, and Real Estate fining er (optional): 208-336-0397
BODY & SOI BOISE, Id. 83706	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledgment copy is (if other than # 4 above)	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature NANGU & PARCISH &	Secretary of State use only IBMHO SECRETARY OF STATE DATE 05/28/1997 0900 96581 2 CK #: 4641 CLST# 82057

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