Capacity: GENERAL MANAGER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE STATE OF IDAHO



·· D 4939

1	The assumed business name which the business is:	undersigned use	(s) in the tran	nsactio	
	CMS PUBLICATIONS				97
2.	The true name(s) and business address business under the assumed business in	(es) of the entity o	or individual(s	TATANA SOCIAL	
	Name Name	Com 513 CARRIAGE L	plete Address		≩ œ
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