Capacity:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



		ss name wh	ich the ur	ndersigne	ed use(s) in the transaction	of
busine		un's	Har	dubre	2	
	ue name(s) and ss under the as				entity or individual(s) doing	
Pa	<u>Nam</u> ul Home	- , , ,	er_	P.O. 8	Complete Address	
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	112	72		Pau	1. Idaho 8334	1
(mai	k only those that apply	")				
⊠ R€	etail Trade	☐ Man	nufacturing	a 🗆	Transportation and Public	Utilitie
□ w	etail Trade nolesale Trade rvices	Agri Agri	nufacturing culture struction	g	Transportation and Public Finance, Insurance, and R Mining	
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4. The na corresp	nolesale Trade rivices me and address for the should receive the shoul	Agri Const to which find be address  Adward  this acknow	culture struction uture ssed:		Submit Certificate of Assumed Business Name and \$20.00 fee  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	Real Es

(see instruction # 8 on back of form)