

Capacity: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

01 SEP 24 AM 8: 45

The true name(s) and <u>business</u> address(es) business under the assumed business name	of the entity or individual(s) doing
<u>Name</u>	Complete Address
Cathy Ross	612 Sherman
	Coeur D'Alene, Id
	83814
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:  Cathy Ross  405 Nth 16th  Coeur ol' Alene, Jol	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only

INMO SECRETARY OF STATE 99/24/2661 455:66 CK: 3158 CT: 135784 BH: 428798 1 8 28.88 = 28.88 ASSUM NAME # 2