

## 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.

Instructions are included on back of application.

12 APR 17 AM 8: 44

SECRETARY OF STATE STATE OF IDAHO

	Beltane
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	ss(es) of the entity or individual(s) doing s name: <u>Complete Address</u>
Susan L. Nelson-Sangiorgi	2505 N. Esquire Dr. Boise, ID 83704
John Sangiorgi	2505 N. Esquire Dr. Boise, ID 83704
_	ed under the assumed business name is: tation and Public Utilities
☐ Services ☐ Agricultu☐ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Susan L. Nelson-Sangiorgi	i aecreiary di alaie i
2505 N. Esquire Dr. Boise, ID 83704	Boise ID 83720-0080 - 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	ment
ure: Sund Belon Sanging.	Secretary of State use only
Name: Susan L. Nelson-Sangiorgi	_
ity/Title: Manager	

abr.pmd Rev. 07/2010

CK: 1957 CT: 158919 BH: 1329123 1 8 25.00 = 25.00 ASSUM MAME # 2

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