

Printed Name

Capacity/Title: OWNE

(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.

05 SEP 21 PM 2: 52

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETALY OF STATE STATE OF IDAHO

husiness is:	name which the undersigne Black Pear C	d use(s) in the transaction of	
business under the ass Name		Complete Address  N. (OBBLE Stone Cle, EZ)  83616	WAY
3. The general type of bus	siness transacted under the	assumed business name is:	
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance  4. The name and address correspondence should  While Ham Same		Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for copy is (if other than #4 abov	•	Phone number (optional): 208 939-1702	
		Secretary of State use only	
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