

## CERTIFICATE OF ASSUMED BUSINESS NAME

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 filling.

(signature required)
Carla Bowcut

President

(see instruction # 8 on back of form)

**Printed Name:** 

Capacity/Title:\_

SIATE OF DATOS

Over The Top	
The true name(s) and business address(es) of the desiress under the assumed business name:  Name  Hansen- Bowcut Enterprizes, Inc	ne entity or individual(s) doing  Complete Address  372 east 700 south Burley,Idaho 83318
(C125644)	
<ul> <li>✓ Retail Trade ☐ Transportation and</li> <li>☐ Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>The name and address to which future orrespondence should be addressed:</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Carla Bowcut	Basement West PO Box 83720
372 east 700 south Burley,Idaho 83318	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-312-6058
	Secretary of State use only

/30/2006 05 = 00 5846 CT: 293892 BH: 972574 5.88 = 25.88 ASSUM NAME # 2