Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF AM 9: 21 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Mutte. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Utomodian Concepts 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 3220 Shermen Cr Mapa ID +Ad although 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade **Agriculture** Finance, Insurance, and Reel Estate Services Construction Minina 4. The name and address to which future Phone number (options): ... correspondence should be addressed: YAUL ADDOA Submit Cartificate of Assumed Business Some its Abous Name and \$20.00 fee to Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than #4 above): PO Box 83720 Boine ID 83720-0080 208 334-2301 Signature: - Lul Printed Name: +A

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