

Capacity/Title:\_

## 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.

10 AUG -9 PM 3: 35

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the understand business is:  6 0 v inda 2 ay	igned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Chocon	the entity or individual(s) doing  Complete Address  508 Krul S+  Boise ID 83712
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Kirton Chiron  Printed Name: Kirton Chiron	Secretary of State use only
	1217121
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature: Printed Name:	08/10/2010 05:00 CK: CASH CT: 158010 BH: 1234127 1 B 25.00 = 25.00 ASSUM MAME # 2