

## **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. 2005 FEB -9 411-8: 59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF MAHO

	STATE OF IDAMO
The assumed business name which the undersign business is:  // ***	ned use(s) in the transaction of
Whyte Healing	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
<u>Name</u>	Complete Address
UNIQUE Dealing 64	1 A Park Dire Idaho FAlls I.O. &
Davlene Smith 641.	A Park We TANKOFALLS IN 8340
	The state of the s
3. The general type of business transacted under the  Retail Trade Transportation and Po	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Darlene Smith	PO Box 83720
1047 Kearner	Boise ID 83720-0080
Idaho falls Id. 83401	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: <u>Sallene Smith</u> Printed Name: <u>£, Dallene Smith</u> Capacity/Title: <u>Owner</u>	IDANO SECRETARY OF STATE  92/99/2005 95:00  CK: 8245229648 CT: 158010 DH: 792130 1 # 25.00 = 25.00 ASSUM NAME # 2
espacity file. Owner.	- " <b>-</b>

D 84345