**FILED EFFECTIVE** 



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

## 2017 APR 17 AM 10: 08

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

## WILD WILD WOOLY WEST

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

	PATRICIA P GEBAUER	1125 W 200 S HEY	BURN ID	83336		
	(Name)	(Address)				<u> </u>
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	<u></u>			
3.	The general type of business transacted under the assumed business name is:					
	<ul> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Services</li> </ul>	Construction Agriculture Manufacturing		Mining	ion and Publi surance, and	
4.	Mailing address for future c	orrespondence:		e and address is (if other than # 4		nowledgment
	PATRICIA P GEBAUER		DL E	EVANS BANK		
	<sup>(Name)</sup> 11 <b>25 W 200 S</b>			S ONEIDA		
		ID 83336 State) (Zipcode)	(Addre RUf (City)	ss) PERT	ID (State)	83350 (Zipcode)
	inted Name: PATRICIA P GE	Secretary of State use only				
Pr	gnature: <u>Patricia</u> T inted Name: <u>fatricia</u>		IDAHO SECRETARY OF STATE 04/17/2017 05:00			
	gnature:		CK:48384 CT:338085 BH:1579522 10 25.00 = 25.00 ASSUM NAME #2			
Pr	inted Name:				2271.0	
Signature:			D 193769			

Rev. 08/2015

Signature: