

Capacity/Title:\_\_\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE 09 FEB -9 PM 1:49

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Max Ritchie cooke	01 montruista#3 Emmet Id.8
The general type of business transacted under	the assumed business name is:
Retail Trade Transportation an	d Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  701 monto vista#3	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Emmet Id, 83617	(208) 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	
	Secretary of State use only

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