

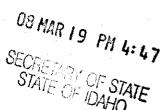
Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.



	ame:
Name	Complete Address
THEZMA COOPER	1699 SYRINGA DR.
	EMMETT IDAHO 83619
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
THERMA COOPER 1699 SYRUNGA DR EMMETT FD. 83617	(208) 334-2301
1699 SYRINGA DR	

10AHO SECRETARY OF STATE @3/20/2008 @5:00 CK: 1585321 CT: 172899 BH: 1185581 1 R 25.88 = 25.88 ASSUM NAME # 2

120/06