

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

03 MAY 13 PM 2: 36

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Cool Edwards	23 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
COOL FORMAS 4	SCS W. Victory
	15e Ld 85705
The managed have of housings a top managed down down to	
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Cody Edwards	PO Box 83720
4573 W. Victory Brise	Boise ID 83720-0080
TJ 52705	208 334-2301
<u></u>	
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above).	
COPY IS (if other than # 4 above):	

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IDAHO SECRETARY OF STATE

135/13/2013 05:00

CK: CASH CT: 158018 BH: 688369

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