Capacity/Title: owner

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 SEP 12 AM 9: 12

## SECF OY OF STATE STATE OF IDAHO

FILED EFFECTIVE

## Please type or print legibly. Instructions are included on back of application.

business is: Price E	nterprises	
2. The true name(s) and <u>business</u> address(es business under the assumed business nar <u>Name</u> Clifton Price	ne: PO Box 6	Complete Address 3797 N. Loop Rd. Geneva, Id. 83238
Kathryn Price	PO Box 6	3797 N. Loop Rd. Geneva, ld. 83238
Retail Trade Transportation  Wholesale Trade 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:     Kathryn Price		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
PO Box 6 Geneva, Id. 83238		208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	wagun - Wassanga - Wassanga - Maranga - •
1011 - 0		Secretary of State use only
nted Name Slifton D. Price		
apacity/Title: owner		
gnature:		IDAHO SECRETARY OF S

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CK: 2493 CT: 158618 BH: 1289888 1 0 25.08 = 25.00 ASSUM NAME # 2