

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

(see instruction # 8 on back of form)

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before 1. The assumed business name which the und business is:  THE HITCH	e undersigned usiness Name.
2. The true name(s) and business address(es) business under the assumed business name Name  ROBERT J WILKES	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  THE HITCHING POST PO BOX 62 SPRINGFIELD, ID 83277	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
Signature:	Secretary of State use only    Secretary of State use only   State use only
Capacity/Title: OWNER	1 8 25.00 = 25.00 ASSUN NAME # 2