

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTEV

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

7707 DEC -6 AM 8: 52

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

		OWNE OF IDAHO
The assumed business name which the business is:	undersign	ed use(s) in the transaction of
- ROYAL EMBROI	OERY	
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name HERB ACES KAREN ACES	es) of the o	entity or individual(s) doing <u>Complete Address</u> <u>Warner Ave Lewis for Ed</u> 8350
3. The general type of business transacted t		
Retail Trade Transportation		blic Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: HERB ACREE		Secretary of State 700 West Jefferson Basement West PO Box 83720
LEWISTON GO 83501		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional):
		208-743-744/
		Secretary of State use only
Signature: Stenda Soler (signature required)	orp Yormstabn formstabn.p65 Ravised 07/2002	
Printed Name: HERR Acres	Vormstabn forn Revised 07/2002	IDAHO SECRETARY OF STATE 12/06/2002 05:00 CK: 61268 CT: 158918
Capacity/Title: Owner	Orp Vorn Revi	CR: 61268 CT: 158010 BH: 649831 1 8 28.08 = 20.08 ASSUM MANE # 2

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