S

Capacity/Title: owner

(see instruction #8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

09 JUN -8 AM 9:58

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and business address(e business under the assumed business name  Name  Tom HEINBAUGH	es) of the entity or individual(s) doing me:  Complete Address  3110 W. VERSAILLES DR (OEUR D'ALENE ID8
	n and Public Utilities
☐ Wholesale Trade ☐ Construction☐ Services ☐ Agriculture☐ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Estate☐ The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
Tom #EINBAUCH  3110 W. JERSAILLES DR  COEUR D'ALENE I.D. 83815  . Name and address for this acknowledgment	ent
COpy is (if other than # 4 above):	Secretary of State use only

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