

## 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.

11 APR -4 PM 12: 30

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

SEGRET RY OF STATE STATE OF IDAHO

Old West Blacksmith	
The true name(s) and <u>business</u> address business under the assumed business in <u>Name</u>	(es) of the entity or individual(s) doing name: <u>Complete Address</u>
Dirk E. Mace	430 N 1800 E St. Anthony ID 83445
Abbie D. Mace	430 N 1800 E St. Anthony ID 83445
Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Old West Blacksmith  430 N 1800 E	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
St. Anthony, ID 83445	208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	nent
	Secretary of State use only
nature:	_
nted Name: Dirk Mace	_
pacity/Title: Owner	•

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