

Printed Name: ___

Capacity/Title: (WNE)

(see instruction # 8 on back of form)

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.

55 JUL 14 PM 2:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECARIO NA STATE STATE DE DAHO

	WALL
The true name(s) and <u>business</u> address(es business under the assumed business nar	
<u>Name</u>	Complete Address
JOSH MAGILL	224 HOLLAND DR NAMPA ID 83
DUNNY CHANTLER	7460 E WESSEX CT NAMPA E
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	ent Phone number (optional):
	(<u>208,1405-92</u> 58
	Secretary of State use only

\corp\forms\abn forms\abn Revised 04/2003

IDAHO SECRETARY OF STATE

07/14/2005 05:00

CK: 572077 CT: 172099 BH: 821264

1 0 25:00 = 25:00 ASSUM NAME # 2

D 89699