

Capacity/Title: OWNer

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

## FILED EFFECTIVE

08 JUN 16 PM 1:07 SECRETARY OF STATE

The true name(s) and husiness address(s	and Party Rentals
The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing ime:
Name	Complete Address
ShannonSWeaver	710 Union Ave
William S. Weaver	Solmon, ID 83462
The general type of business transacted u	inder the assumed business name is:
-	
	on and Public Utilities
<ul><li>Wholesale Trade ☐ Construction</li><li>Services ☐ Agriculture</li></ul>	
	Submit Certificate of
	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	1101110 and \$20,00 fee (0.
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Shannon Wegver	PO Box 83720
110 Union Ave	Boise ID 83720-0080
Salmon, ID 83467	208 334-2301
Name and address for this acknowledgm	ent Phone number (optional):
COPY is (if other than # 4 above):	(208) 156-7325
	Secretary of State use only

IDAHO SECRETARY OF STATE 5/16/2008 05:00 4334 CT: 227042 BH: 1120019 25.00 assum hame 1 2

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