

Printed Name: ___ Capacity/Title: ___

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.

2012 HAR 13 PM 1: 05 SECRETARY () STATE STATE OF IDAHO

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

	Sundog Book Publishing
business under the assumed bu	
<u>Name</u> Jo Deurbrouck	<u>Complete Address</u> 3660 W. 81st. S., Idaho Falls, ID 83402
. The general type of business tra	ansacted under the assumed business name is:
Wholesale Trade Co	ansportation and Public Utilities onstruction griculture Submit Certificate of Assumed Business
Finance, Insurance, and F	Real Estate Name and \$25.00 fee to:
 The name and address to which correspondence should be addr Sundog Book Publishing 	ressed: 450 North 4th Street PO Box 83720
Attn: Jo Deurbrouck	Boise ID 83720-0080 208 334-2301
3660 W. 81st. S., Idaho Falls, ID 8340	02
5. Name and address for this ackn copy is (if other than # 4 above):	nowledgment
	Secretary of State use only
nature:	
ited Name Us Deurbrou	uck
pacity/Title: owner	
nature [.]	

abripmd Rev. 07/2010

IDAHO SECRETARY OF STATE

93/13/2012 95:00

CK: 931383 CT: 172899 BH: 1314995

1 8 25.88 = 25.80 ASSUM NAME # 2

D154027