

Printed Name: 61 cm

(see instruction # 8 on back of form)

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.

05 SEP 20 AM 9: 28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETALL OF STATE
STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name: Name Haren M Martin 41	entity or individual(s) doing <u>Complete Address</u> 4 W Orchard S +
3. The general type of business transacted under the Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Year M Martin Hit Norchard 5th Bust Id 83706	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-345-2033
J. M. M. J. Sodrunges	Secretary of State use only

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IDAHO SECRETARY OF STATE 99/20/2005 05:00 CK: 3960 CT: 192448 RH: 912528 1 0 25.00 = 25.00 ASSUM NAME II 2

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