

Capacity/Title: Manager

(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.

05 AUG 31 AM 9: 17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

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	State of Ida <b>ho</b>
	ne undersigned use(s) in the transaction of
business is:	D 11 D 1
Canyon County E	Sail Bonds
2. The true name(s) and <u>business</u> address	ss(es) of the entity or individual(s) doing
business under the assumed business  Name	s name: <u>Complete Address</u>
	• • •
Corre Fate	_ 1116 Chicago Caldwell Id _ 1116 Chicago Caldwell ID.
	- The Cincago Callanel IV
2. The general type of business transacts	
3. The general type of business transacte	ed under the assumed business name is:
Retail Trade Transport	tation and Public Utilities
Wholesale Trade Construc	
Services	Submit Certificate of
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Es</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	
correspondence should be addressed:	: 700 West Jefferson
Canyon Count But Boards	Basement West PO Box 83720
Canyon County Buil Bonds	Boise ID 83720-0080
Caldwell IO 83605	208 334-2301
5. Name and address for this acknowled	dament Phone number (optional):
COPY is (if other than # 4 above).	459.9100
	Secretary of State use only
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ignature: Aug Fate	
(signature required)	IDAHO SECRETARY OF STATE  ### ### ### ### ####################
rinted Name: <u>() Yey Fate</u>	CK: 604141 CT: 172099 BH: 909204