CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	•	ATE OF IDAHO daho Code, the undersigned Long UF STATE Assumed Business Name5 TATE OF IDAHO ASSUMED TO STATE
1.	The assumed business name which the business is:	undersigned use(s) in the transaction of
2.	The true name(s) and business address(business under the assumed business n	ame is/are:
	<u>Name</u>	Complete Address
	Cory Siverson	S. 2166 Greens Ferry
		Coeur J'Alene 1D 83814
3.	The general type of business transacted (mark only those that apply)	
	☐ Retail Trade ☑ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):
	S. 2166 Greens Ferry	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Coeur d'Alene TD 83814	Secretary of State
5.	Name and address for this acknowledge copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		9

Signature: _<

Printed Name: ______

Capacity: Owner

(see instruction # 8 on back of form)

CK: 1959 CT: 143978 BM: 382491

1 @ 20.00 = 20.08 ASSUM NAME # 2

#043195