

Capacity/Title: OWNER

(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.

2002 JUN 28 AM 9: 17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The true name(s) and <u>business</u> address(es) business under the assumed business name	of the entity or individual(s) doing
<u>Name</u>	Complete Address
JIM BAXTER	1751 RIDGECREST DR.
KATHY BAXTER	Boist, ID 83712
CLAY BAXTER	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: CARCEL ACIDEMY Cover	Secretary of State 700 West Jefferson Basement West PO Box 83720
BOISE, ID 83712	208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above):	

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