

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

2. The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address 513 W. Archer 5t. Murtund, Tabba 83344
3. The general type of business transacted un	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  513 W. Archer St.  Murtayh, Td. 83344	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent Phone number (optional):  (208)731 -1618
Signature:	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  99/20/2007 05:00  CX: 1330 CT: 217713 BH: 107645  1 # 25.88 = 25.80 ASSUM MANE