

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 JUN -8 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

	Albeni Trader
2. The true name(s) and business address business under the assumed business Name	s name: Complete Address
David A Holten	PO Box 283, Blanchard ID 83804-0283
The general type of business transacte	ed under the assumed business name is:
	tation and Public Utilities
☐ Wholesale Trade ☐ Construc	
Services Agricultu	Iro.
	Submit Centificate of
	Assumed Business
Finance, Insurance, and Real Es	state Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	
·	Basement West
Albeni Trader	PO Box 83720
David A Hotten	Boise ID 83720-0080
PO Box 283, Blanchard ID 83804-0283	208 334-2301
 Name and address for this acknowled copy is (if other than # 4 above): 	dgment Phone number (optional):
	Secretary of State use only
ature: David a history	
(algusture required)	40 to 10 to
ed Name: David A. Holten	
acity/Title: Owner	IDAHO SECRETARY OF S
acity/Title: Owner	IDAHO SECRETARY OF S 96/98/2097 9 CK: 6477 CT: 214162 BH:

1 0 25.00 = 25.00 ASSUM NAME # 2

D112197