

## 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

09 OCT 14 AM 8: 03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) of the entity or individual(s) doing	
ousiness under the assumed business na Name	ame: Complete Address
Brooke M. Gale	13178 W. Buttercup Ct. Boise, ID 83713
The general type of business transacted	under the assumed business name is:
	on and Public Utilities
<ul><li>☑ Wholesale Trade</li><li>☑ Constructio</li><li>☑ Agriculture</li></ul>	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estat	te Name and \$25.00 fee to:
The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
Brooke Gale	PO Box 83720 Boise ID 83720-0080
	(208) 334-2301
13178 W. Buttercup Ct. Boise, ID 83713	- (200)
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Name and address for this acknowledge copy is (if other than # 4 above):	ment
COPY 13 (if dates district above).	
	Secretary of State use only
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10/14/2009 05 200 CK: 1691 CT: 158018 BH: 1191825 1 8 25.99 = 25.00 ASSUN NAME # 2

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