

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 200 M 9:09

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

	lease type or print legibly. instructions on reverse befo	re filing.	Parent district Santa	
business is:		•	d use(s) in the transaction of	
After	Shock Livest	ocK_		<del></del>
business under	s) and business address(es the assumed business nam Name	ne:	Complete Address	:
nathle	en Larsen		W 300 N ML ID 83338	
3. The general typ	e of business transacted un	der the a	ssumed business name is:	
Retail Tra Wholesa Services	e Trade Construction Agriculture	and Put	Submit Certificate of	]
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>			Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which future correspondence should be addressed:			Secretary of State 700 West Jefferson Basement West	
Kathlee 355 W Jerome	200 N 200 N 20 83338		PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment			Phone number (optional):	
copy is (if other the	an # 4 above).		208-324-4892	~
			Secretary of State use only	
Signature: Hath Printed Name: Kath Capacity/Title: Own (see instruction	(signature conjuired)  h   een   Lousen  ner   lon # 8 on back of form)	g toorpitemstabn formstabn.p65 Revised 04/2003	IDAHO SECRETARY <b>03/10/200</b> CK: 6122 CT: 1580 1 8 25.00 = 25.00	5 05:00

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