

Capacity/Title: owner

(see instruction # 8 on back of form)

## 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.

OB APR 29 AM 8: 44

SECRETARY OF STATE
STATE OF IDAHO

IDAHO SECRETARY OF STATE

44/29/2008 45:00

CK: 5007 CT: 216355 BH: 1112446

1 8 25.00 = 25.00 ASSUM NAME # 2

Retail Trade Tra Wholesale Trade Co	nsacted under the nsportation and enstruction	Complete Address 307 BROADWAY ST POCATELLO 83204 ne assumed business name is:
Wholesale Trade Co	nsportation and	
☐ Wholesale Trade ☐ Co	nstruction	
	riculture ning leal Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which correspondence should be address</li> <li>1333 EL RANCHO BLVD POCATEL</li> </ol>	essed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this ackr copy is (if other than # 4 above):	nowledgment	(208) 334-2301
		Secretary of State use only
nature: Boyd Hall (signature required) ted Name: Boyd HALL	Islabn formskabn p665	01213