

Capacity/Title:

Printed Name: Capacity/Title:

Signature: _

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

10 SEP 27 AM 8: 38

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

. The assumed business name which the un business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name [ZANDE CARSON, OR ALISA CARSON	ne: <u>Complete Address</u>
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: (Arson Crack Company (ka 1815 Rivarton 20) blackort ID 83221	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
nted Name: TANDE CARSON	

7 = 18 52.00 = 52.00 H2201 HHZE # C

abn.pmd Rev. 07/2010

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