

Printed Name: 1th

Capacity/Title: Classe N

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 26/15 (111-21) submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	x permy
<ol> <li>The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u></li> </ol>	entity or individual(s) doing  Complete Address
TERMY J SAMA 250	OPLETON IMALO 83644
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction	ublic Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
1. The name and address to which future correspondence should be addressed:  A VATUR AFTS TASINEWUY 15248 VO LANGUA EN WHAN IN THAT 83644	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

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