

Signature:_

Printed Name: _

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 JUL 14 AM 9: 07
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)
Hannah J Smith

Manager

(see instruction # 8 on back of form)

business is: Superior Relief	
he true name(s) and business address(es) of usiness under the assumed business name: Name Hannah Jo Smith	the entity or individual(s) doing Complete Address 3820 Erick Ln Boise ID 83704
Transportation a Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301

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