



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.

07 JUN 28 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Garcia Custom

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Kari Garcia

Complete Address

3895A N 2700E, Twin Falls, ID
83301

3. The general type of business transacted under the assumed business name is:

☐

Retail Trade

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Construction

☐

Services

☒

Agriculture

☐

Manufacturing

☐

Mining

☐

Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

3895A N 2700 E
Twin Falls, ID 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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):

208-316-0855

Signature:

Kari Garcia
(signature required)

Printed Name:

Kari Garcia

Capacity/Title:

Manager

(see instruction # 8 on back of form)

Secretary of State use only

g:\compform\main form\main.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/28/2007 05:00
CK: 1772 CT: 150010 BH: 1062696
1 @ 25.00 = 25.00 ASSUM NAME # 2

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