

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. 08 OCT 20 AM 9: 22

SECRETARY OF STATE

2,	The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
	Baassa TA. As	Complete Address
		& EAST ISTALD Glenns Terry
	RONALA I PRONE 886	C THE ANSTERLY JOH
		Box522
١.	The general type of business transacted under the assumed business name is:	
	Retail Trade Transportation and Post Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
	Correspondence should be addressed:  BARBARA JCRODE  BOX 522  Glenns Ferry TA.	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):
	Copy to the man we above).	1-208-366-9983
		Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2008 05:00
CK: 3715 CT: 158010 BH: 1140703
1 0 25.00 = 25.00 ASSUM NAME # 2

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