

CERTIFICATE OF ASSUMED BUSINESS NAME

| 17 SE | OFDTIFICATE | | | |
|--|-------------------------------------|----------|--|------|
| | CERTIFICATE OF | | A. | |
| 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 to 6 | | | | |
| 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. | | | | |
| 1. The assumed business name which the sure is the second of the second | | | | |
| The assumed business name which the undersigned use(s) in the transaction of business is: | | | | |
| HOCKING RACING | | | | |
| | Zine, | | ~~ | 1/4 |
| 2. The true name(s) and business address(es) of the entity or individual(s) doing | | | | |
| business under the assumed business name: | | | | |
| Name Complete Address | | | | |
| _6 | illy-D-Hocking | 417 | West Jank Black Cont | TNON |
| İ | | | 5 - 51 3 0010 K/MC11 7007 | 3322 |
| | | | | [|
| | | | | |
| The general type of business transacted under the assumed business name is: | | | | |
| _ `~i | | | | |
| Retail Trade Transportation and Public Utilities | | | | |
| <u> </u> | Wholesale Trade Construction | | | |
| <u> </u> | Services | ľ | Submit Certificate of | Įį. |
| | Manufacturing | Í | Assumed Business | |
| Ĺ,_ . | Finance, Insurance, and Real Estate | ł | Name and \$25.00 fee to: | H |
| 4. The na | ame and address to which future | | Secretary of State | |
| corres | pondence should be addressed: | | 700 West Jefferson | |
| Ril | LY D. Hacking | ł | Basement West | |
| 4/2 | West 300 north |] | PO Box 83720 | Į. |
| | ckfoot, IdAHO 83221 | ł | Boise ID 83720-0080 208 334-2301 | |
| D1110 | 21(1001) 201140 83221 | Ļ | 20001 | l l |
| 5. Name | and address for this acknowledgment | <u> </u> | Phone number (optional): | |
| copy | S (If other than # 4 above). | | · | |
| | | | 208-785-2033 | |
| | | - | | |
| | | | Secretary of State use only | |
| | | p65 | | |
| Signature: Residual Signat | | | | |
| (signature required) | | | | |
| Signature: Signature: Signature required) Printed Name: Signature required) Capacity/Title: Owner (see instruction # 8 as beat of fear) | | | | |
| Capacity/Title: Owner 6 CK: 8103 CT: 158010 BH: 1091769 1 @ 25.00 = 25.00 ASSUM NAME # 2 | | | | |
| (see instruction # 8 on back of form) | | | | |
| 1 712081. | | | | |
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