

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

08 OCT 30 AM 8: 40

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY OF STATE STATE OF IDAHO

D125920

FILED EFFECTIVE

NOTE: See instructions on reverse before filing.

The true name(s) and business addres business under the assumed business Name	name:
Donna Rae Reuser	Complete Address 2088 W. Twinkling Stan Roa Post Falls, Idah 83854 208 (773-5629 755-4872
☐ Wholesale Trade ☐ Construct ☐ Services ☐ Agricultur ☐ Manufacturing ☐ Mining	eation and Public Utilities tion Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Donna Rae Beuser 2088 W. Twinkling Star Roy Post Falls Laubo 83854	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above).	gment Secretary of State use only