FILED EFFECTIVE

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CERTIFICATE OF	
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, the	
submits for filing a certificate of Assumed E	Business Name.
Please type or print legibly. Instructions are included on back of ap	Business Name. SECRET RY OF STATE STATE OF IDAHO
1. The assumed business name which the ur	ndersigned use(s) in the transaction of
business is:	
2. The true name(s) and business address(ea	s) of the entity or individual(s) doing
business under the assumed business nar	me:
Name	Complete Address
DAVID WILKINS	4549 VICTORY AVE POCATELLO, ID 83202
MARCELLA WILKINS	4549 VICTORY AVE POCATELLO, ID 83202
0 The second time of huminous transported of	when the accumed business name is:
3. The general type of business transacted u	
	n and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing 🛄 Mining	Assumed Business
Finance, Insurance, and Real Estate	
4. The name and address to which future	Constant of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
DAVID OR MARCELLA WILKINS	PO Box 83720
	Boise ID 83720-0080
4549 VICTORY AVE	208 334-2301
POCATELLO, ID 83202	
5. Name and address for this acknowledgme	ent
COPY IS (if other than # 4 above):	
	Secretary of State use only
Signature: Desto De	
Printed Name: DAVID WILKINS	
Capacity/Title: OWNER	
Signature: Mallella Wilking	IDAHO SECRETARY OF STATE
Printed Name: MARCELLA WILKINS	CK: 518249 CT: 158010 BH: 1237172
Capacity/Title: OWNER	1 8 25.00 = 25.00 HSSUN NHAL # 4
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