

Printed Name:

Capacity/Title:

(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.

08 OCT -8 AM 8: 51

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Lraig S. Nordsieck 720	5.47h AVE
Ho	ilay 10 83333
. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	•
Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
4484 PO BOX	Boise ID 83720-0080
Hniley 10 ,83333	(208) 334-2301
10 Entity Projection Group	
Name and address for this acknowledgment	
Copy is (if other than #4 above):	
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