

Printed Name: Alla

(see Instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

09 OCT 19 AM 9:56

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Trail ridge Family The true name(s) and business address(es) of the business under the assumed business name:	
Name	Complete Address
(C15900B) mailing address 1	5 W. Hury 9.5 Parma. ID 83 PO Box 420 Parma. ID 83
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Allen w Stevenson DDS PC	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
205 W. Hwy 95 POBOX 420 Parma ID 83660	(208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	

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