

Printed Name: __ Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC 22 AM \$ 57

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

business is:	The Sands
2. The true name(s) and <u>business</u> address business under the assumed business Name Vicki L Dalzell	· • • • • • • • • • • • • • • • • • • •
B. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture	ation and Public Utilities ion
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Vicki L Dalzell 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
220 W Mullan Avenue Kellogg, ID 83837	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment
	Secretary of State use only
nature: Licki Dangel nted Name: Vicki L. Dalzell	
pacity/Title: Owner	
nature:	
nted Name:	CK: 200616 CT: 265215 BH: 130279 1 0 25.00 = 25.00 ASSUM NAME N