

Printed Name: Fac

(see instruction # 8 on back of form)

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 MAR 27 AM 8: 23

	. 1750 8 1 (202)
The true name(s) and business address(es) of the business under the assumed business name: Name Packel Heine 91	e entity or individual(s) doing Complete Address S G St Rupest ID8
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Packel Heinel 913 G St Rupert D 93350	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	
	Secretary of State use only

rptomstabn formstabn. Revised 04/2003

IDAHO SECRETARY OF STATE

23/27/2089 95 280

CK: 1365 CT: 150010 RM: 1163199

1 8 25.00 = 25.00 ASSUM NAME #

D129397