

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILED
CERTIFICATE OF	VAME
	The state of the s
ASSUMED BUSINESS N	NAME
Pursuant to Section 53-504, Idaho Code, the usubmits for filing a certificate of Assumed Busin	indersigned
Please type or print legibly.	100 mg 1 m
NOTE: See instructions on reverse before	filing.
The assumed business name which the under business is: D-7 Far	-
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	the entity or individual(s) doing
<u>Name</u>	Complete Address
Richard W. Schelske	P.O. Box 272 Aberdeen, 83210
Iris Schelske	same
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Idaho ACA	
P.O. Box 300	Secretary of State use only
ignature: X Scaland W. Scheliske	IDAHO SECRETARY OF STATE O 3/18/2002 05:0 CK: 7743 CT: 5550 BH: 4526 1 @ 20.06 = 20.06 ASSUM NAME
rinted Name: Richard W. Schelske	State State
Capacity/Title: Owner	일
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