

Printed Name:

Capacity/Title:

Co-Owner

## 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.

2013 AUG -8 AM 8: 53

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

2. The true name(s) and <u>business</u> address(es business under the assumed business nan Name  Teff Huter  Diann Huter	of the entity or individual(s) doing ne: <u>Complete Address</u> 2111 North KCT) Road  Caldwell 1D 83605
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Golf Car Survices   Coldwell, 18605   Rd   Coldwell, 18605	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature:	Secretary of State use only

IDAHO SECRETARY OF STATE

18/18/2013 05:00

CK: 3338 CT: 158018 BH: 1385398
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