

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.

2016 SEP 19 AM 11: 22

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is:  Discount Appliance Ro	rsigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) o business under the assumed business name:     Name	f the entity or individual(s) doing  Complete Address  H3 Branze Spur Dr Nawpa LD  631667
3. The general type of business transacted unde  Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Charity Tones  4843 Branze Sax Dr  Namuna W 83657	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
Printed Name: Conscient Title To	09/19/2016 05:00 CK:CASH CT:202480 BH:1546830
Capacity/Title	1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	€ .
Printed Name:	D189271

abn.pmd Rev. 07/2010