

Printed Name: \(\sum \rho \rho \)

Capacity/Title: Own New 1

(see instruction # 8 on back of form)

ELED EFFECTIVE **CERTIFICATE OF** ASSUMED BUSINESS NAME 9 個語 20 MM 8: 39

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Terri Caminiti 14117 Pearl Pointe Drive Caldwell ID 83607 Traci Docherty 13805 Maravilla St Caldwell ID 83607 The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Nholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Traci Docherty 13805 Maravilla St Caldwell ID 83607	TNT'S D ₁	ynamite Grill
13003 Malavilla St. Caldwell ID 05007	business under the assumed business name Terri Caminiti Traci Docherty	Complete Address 14117 Pearl Pointe Drive Caldwell ID 83607 13605 Maravilla St Caldwell ID 83607 Clevel and Rlvo. Caldwell ID 83607 Inder the assumed business name is: In and Public Utilities 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

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