

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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 fil	SECRETARY OF STATE ing. STATE OF IDAHO
The assumed business name which the unders business is: ABC Jan itorial Service	
 The true name(s) and business address(es) of business under the assumed business name: Name Larry Millar L	Complete Address O. Box 495 apwai, Idaho Zip 83540
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Lapy Millar P.O. Box 495 Lapwai, Id 83540	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Same	Secretary of State use only
Signature: <u>Jarry Millar</u> Printed Name: <u>Larry Millar</u>	IDAHO SECRETARY OF STATE

CK: 20095013 CT: 150010 BH: 1152045 1 8 25.00 = 25.00 ASSUM MARE # 2

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