

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE 10 FEB -3 AM 8: 22

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

SECRETARY OF STATE STATE OF IDAHO

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

| Bunkhouse Fran  | me Shop   | <del></del>      |
|---|---|------------------|
| The true name(s) and business address(es) of business under the assumed business name:  | the entity or individual(s) doing  Complete Address 18700 HWY55 Boise, ld 83714   |                  |
| 3. The general type of business transacted under  |   |                  |
| ✓ 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:         ☐ Debra Stephens         18700 HWY55         Boise, Id 83714         5. Name and address for this acknowledgment | 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 (208) 334-2301 | - 344 ·          |
| COPy is (if other than # 4 above):  |   |                  |
|   | Secretary of State use only   |                  |
| nted Name:  | IDAHO SECRETARY OF 92/93/2919 (CK: NO CX # CT: 244532   | STATE<br>85 = 00 |

D136599