

## **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. 13 DEC -8 AM 10: 03

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

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

ABEL'S TILE & STON	E
The true name(s) and <u>business</u> address(e business under the assumed business name).	ame:
Name O	Complete Address
Kandy Joe Word	4589 west Lucky lane #101
	Boise, Idaho 83714
	ion and Public Utilities
<ul> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estatem</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Same	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):
	Secretary of State use only
Signature: Tare ( La )  Visignature required)  Printed Name: Randy Joe Abel	- 250 CK: CASH CT: 158010 BH: 715302 1 2 25.00 = 25.00 ASSUM NAME # 2

D7/187