

Printed Name: ______a

Capacity/Title: Quine n

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

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

FILED/EFFECTIVE

02 MAY 31 AM 9: 01

Sal SIAlt

NOTE: See instructions on reverse before	e filing. STATE OF IDAHO
. The assumed business name which the und business is:	ersigned use(s) in the transaction of
Creative Concepts	
The true name(s) and <u>business</u> address(es) business under the assumed business name: Name	of the entity or individual(s) doing : <u>Complete Address</u>
Jason Rawlins	P.O. Box 12
	Miduale Idaho
	83645
Titotaii Tiado	der the assumed business name is: and Public Utilities
 ✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ✓ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Pa Bax 12	PO Box 83720
Miduale Idaho 83645	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme	nt Phone number (optional):
COPY IS (if other than # 4 above):	1(208) 355-7000
	Secretary of State use only
	\$9d.
TD0	100 pe 200 pe 20

IDAHO SECRETARY OF STATE 65/31/2002 05:00 CK: 1819 CT: 158010 BH: 468915 1 8 28.00 = 28.00 ASSUM NAME # 2

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