



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 NOV 14 PM 2: 04

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bierma Vending

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Peter Bierma</u>	<u>179 Tyler St</u>
<u></u>	<u>Twin Falls, ID 83301</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

179 Tyler St
Twin Falls, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

(same)

Secretary of State use only

Signature: [Signature]

Printed Name: Peter Bierma

Capacity/Title: Owner/Operator

Signature:

Printed Name:

Capacity/Title:

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
11/15/2011 05:00
CK: 1025 CT: 150010 PH: 1290095
1 @ 25.00 = 25.00 ASSUM NAME # 2

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