

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE OF ASSUMED BUSINES: Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	S NAME the undersigned
Please type or print legibly. Instructions are included on back of ap	uplication.
The assumed business name which the up business is:	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(e business under the assumed business na <a href="Name">Name</a> Jennifer Schrenk	
3. The general type of business transacted use.  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Jennifer Schrenk  3400 N 3085 E  Twin Falls ID 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: L. J. L. L.	Secretary of State use only
Printed Name: Jennifer Schrenk	
Capacity/Title:	TRAIN SECRETARY OF STATE
Signature:Printed Name:	CK: 218883 CT: 158818 RH: 1333999
Capacity/Title:	LOSON MONUN MERICA C

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