

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

06 AUG 24 AM II: 53

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

(see instruction # 8 on back of form)

NOTE. See matructions on reverse per	SECHETARE OF STATE STATE OF IDAHO
The assumed business name which the ur business is:      Coast TO Coast Capital	ndersigned use(s) in the transaction of
2. The true name(s) and business address(exbusiness under the assumed business name  Name  DENNIS CARROLL	
3. The general type of business transacted up  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:  238 E. Piaza St # 218-B  EABLE, 1D 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol> ANDOVE	ent Phone number (optional):
Signature:  Printed Name:  Capacity/Title: O DNE P	Secretary of State use only    O   O   O