

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **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.

10 JUN - 3 PM 4: 27

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

D139771

<u>Easy Chair Store</u>		
The true name(s) and <u>business</u> address(es) or business under the assumed business name:		
<u>Name</u>	Complete Address	
JB Benzie Co. Inc. 5	407 N. Samson aux	
	BOISE, ID. 83704	
<ol><li>The general type of business transacted under</li></ol>	er the assumed business name is:	•
✓ Transportation of	nd Dublia I Itilitiaa	1 12
	nd Public Utilities	
☐ Wholesale Trade ☐ Construction		
☐ Services ☐ Agriculture	Submit Certificate of	
☐ Manufacturing ☐ Mining	Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
4. The name and address to which future	Secretary of State	, · . ·
correspondence should be addressed:	450 North 4th Street	
	PO Box 83720	
Same	Boise ID 83720-0080	
	208 334-2301	
	-	
		100
5. Name and address for this acknowledgment	Phone number (optional):	
CODY is (if other than # 4 above):		
	Secretary of State use only	-4 . 4. **
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(algnature required)	長 IDAHO SECRETARY OF	QTATE
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