

Printed Name: <u>\(\lambda\)</u>

(see instruction # 8 on back of form)

Capacity/Title:\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED/EFFECTIVE 2003 DEC 22 PM 2: 46

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

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

IIU RIUS	CIUD
The true name(s) and business address(es) of the ebusiness under the assumed business name:  Name  Nicole Fitz 2000	Complete Address
The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE 12/23/2003 05:00 CK: 2682 CT: 158010 BH: 718203 1 @ 25.00 = 25.00 ASSUM NAME # 2

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