



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

09 MAR 16 AM 10:01

SECRETARY OF STATE
STATE OF IDAHO

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

Downtown Distributing

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

Name

B.A. Wackerli Co Inc

(C24676)

Complete Address

PO Box 50857 Idaho Falls ID 83405

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 checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

B.A. Wackerli Co. Inc.

PO Box 50857

Idaho Falls ID 83405

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature:

(Signature required)

Printed Name: Steve Wackerli

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

Information Form 55
Revised 6/2003

IDAHO SECRETARY OF STATE
03/18/2009 05:00
CK: 1106 CT: 29955 BH: 1161751
1 0 25.00 - 25.00 ASSUM NAME # 3

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