

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAR 19 AM 8: 30

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Keep it Tidy 2. The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nam Name	ne: Complete Address
Peggy Sue Scheibe	2614 mink creek Pocatello ID 83
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation 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: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	nt
	Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2009 05:00
CX: 2370 CT: 150810 NH: 1162067
1 0 25.00 = 25.00 ASSUM NAME #

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