

Signature:<u>∠</u>

Printed Name: <

(see instruction # 8 on back of form)

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. 09 MAR 30 AM 8:41

SECRETARY OF STATE STATE OF IDAHO

	s(es) of the entity or individual(s) doing
business under the assumed business Name	Complete Address
Chaine Sittion	516 E 3 rd
	Post Faus ID 83854
ine general type of business transacte	d under the assumed business name is:
<ul> <li>Wholesale Trade</li> <li>✓ Services</li> <li>✓ Manufacturing</li> <li>✓ Mining</li> <li>✓ Finance, Insurance, and Real Es</li> </ul>	Submit Certificate of Assumed Business Name and \$25,00 fee to
The name and address to which future correspondence should be addressed:	700 West Jefferson
C Layne Sytton	Basement West PO Box 83720 Boise ID 83720-0080
PORT FOLLS UD 83850	208 334-2301
. Name and address for this acknowled	Idment Phone number (optional):
. Prairie and address for this acknowled	giriorii
CODY IS (if other than # 4 above).	208-704-1394