

CERTIFICATE OF ASSUMED BUSINESS NAME

		NAME undersigned
	CERTIFICATE OF	PARTS SEP 1
	ASSUMED BUSINESS N	NAME
	Pursuant to Section 53-504, Idaho Code, the u	undersigned
17 5 5 T	submits for filing a certificate of Assumed Busin	siness Name.
NC	Please type or print legibly. TE: See instructions on reverse before	e filing.
busin	ssumed business name which the underess is: Tress M Perfee	/
2. The tr	ue name(s) and <u>business</u> address(es) o	of the entity or individual(s) doing
busin	ess under the assumed business name:	Complete Address
	Name Nare Vickers	1208 Condor Ct. Coldwell, 20 83607
	lare vickers	1000 Conper CI:
4. The corre	Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate name and address to which future espondence should be addressed: Pane as above	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
cop	me and address for this acknowledgmer y is (if other than # 4 above):	
F	armers & Merchants State Bank	Secretary of State use only
Signature:	me: Mare Vickers	IDAHO SECRETARY OF STATE 10001 000100000 00010 00010 00010 00010 00010 00010 00010 00010 00010 000100