

Printed Name: ___Kose

(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 filing a certificate of Assumed Business Name.

Please typs or print legibly.

NOTE: See Instructions on reverse before filing.

2008 NOV -5 PM 1: 19

SECRETARY OF STATE STATE OF IDAHO

Horimal Tracks Press	
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Rosetta Woodend P.	2 Box 457 Sagle Id
	71.30x 48/30g18,10
	X3860
	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted under the	assumed business name is:
-	
Retail Trade Transportation and Pu	idic utilities
Wholesale Trade	
, man	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
P	PO Box 83720 Boise (D 83720-0080
Kosetta Woodend	B0/86 (D 83/20-0080
P.O Box 10457	(208) 334-2301
Scale, Id &38100	
5. Name and address for this acknowledgment	
COPY IS (it other than #4 shows);	
copy to thomas start a troops.	
	Secretary of State use only

IDAHO SECRETARY OF STATE
11/05/2008 05:00
CK: 168546 CT: 172099 BH: 1143265
18 25.88 = 25.80 ASSUM NAME # 2

