

## **CERTIFICATE OF** ASSUMED BUSINESS NAME OF STATE STATE STATE OF STATE ST

FILED EFFECTIVE

NOTE: See instructions on reverse before filing.

Capacity/Title: CHAIRPERSON

(see instruction # 8 on back of form)

business is: <u>Coeur d'Aleer</u>	
2. The true name(s) and business address(es business under the assumed business name Name	of the entity of Individual(s) doing  ne:  Complete Address  4800 N-Rumsey Rd  Loeur d' Aleno, TO 83815
Tetali frade	nder the assumed business name is:
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
I. The name and address to which future correspondence should be addressed:  Eula Hickam  4858 W. Cougar Cir  Coeur d' Alene, TD 83845	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	
	Secretary of State use only
nature: Ful a Hickam.  nted Name: EULA HICKAM	Security of Securi

10/31/2005 05:00 CK: 5848 CT: 158010 BH: 919774 1 @ 25.00 = 25.00 ASSUM NAME # 2

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