## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

	gives notice of adoption of an As	ssumed Business Name.	
1.	The assumed business name which the und business is:		ion of
	CARSON VEND	ING	<u></u>
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>			ing
	<u>Name</u>	Complete Address	
	JOHN CARSON	511 UNION AVE	
		SALMON, ID 839	167
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business nam	e is:
	Retail Trade	g	
4.	The name and address to which future Phone number (optional):  correspondence should be addressed:		
	CARSON VENDING 511 UNION AVE	Submit Certificate Assumed Busines Name and \$20.00	s
_	SALMON, ID 83467	Secretary of State 700 West Jefferso	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	080 (f)
		Secretary of State us  IDANO SECRETARY OF ST	=
Signat	ure: Joh Causa	CK: 4636 CT: 124813 BH	<b>9 = 00</b> : 278934 SUN NAME # 2
Printed	d Name: JOHN CARSON		अभा क्षित्राद <del>त</del> €
Capac	city: Owner	) 318	398
	(see instruction # 8 on back of form)	la de la companya de	-