

Printed Name: _____

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

WE WILLOW 2. The true name(s) and <u>business</u> _ddress(es) of the entity or individual(s) doing business under the assumed business name:	
David Shymatta	PO Box 38 Inkom ID, 83245
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which tutul correspondence should be addressed. We Willow PO Box 38 Inkom ID, 83245	ure Secretary of State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
	Secretary of State use only
inature:	
nted Name: David Shymatta	
pacity/Title: Owner Partner	
gnature:	

08/15/2012 05:00 CK: 368 CT: 231417 BH: 1336021 1 # 25.00 = 25.00 ASSUM NAME # 2

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