

Printed Name:

Capacity/Title:\_\_OL

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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business und	ne(s) and business address(es der the assumed business nan Name	s) of the en	
.1:11	Shieta	_	Complete Address
	Nystrom	7211	Main Street
		Bonne	rs Ferry, IA 83805
Services  Manufact Finance,  The name and correspondence	ale Trade Construction Agriculture Sturing Mining Insurance, and Real Estate Address to which future Se should be addressed:	and Public	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
HCR 62 Moyie S	Prings, Id 83845 dress for this acknowledgmen	<del>L</del>	

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