

Printed Name: _ Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

2012 HAR 21 AM 9: 27

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

1. The assumed business name which the undersigned use(s) in the transaction of

SECRETARY CHASTATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly. Instructions are included on back of application.

business under the assumed business nar	
Name Robert Swensen	Complete Address 2183 Logan Drive - Idaho Falls ID 83401
3. The general type of business transacted un	nder the assumed business name is:
	n and Public Utilities
Wholesale Trade	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 450 North 4th Street
Same	PO Box 83720
	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	ent
COPY IS (if other than # 4 above):	
Same	
011 + 0	Secretary of State use only
gnature: Dethut R	
nted Name: Robert Swensen	
apacity/Title: Owner	78415 AFRACTANIA DE ANALES
gnature:	IDAHO SECRETARY OF STATE 93/21/2012 95:00
inted Name:	03/21/2012 05:00 CK: 19275 CT: 71989 BH: 1316142 1 0 25:00 = 25:00 ASSUM NAME #

abr.pmd Rev. 07/2010