

Capacity/Title:

Owner

(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.



10 MAR 25 AM 8: 29

SECRETARY OF STATE STATE OF IDAHO

Dead Bir	d Gallery
The true name(s) and business address(es) business under the assumed business name Name Wayne T Crans	of the entity or individual(s) doing e: Complete Address 3793 W Pinehurst Drive Boise ID 83703
The general type of business transacted und ✓ Retail Trade ☐ Transportation	der the assumed business name is:
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	ent
Name and address for this acknowledgme copy is (if other than # 4 above):	