

## **CERTIFICATE OF** AS SUMED BUSINESS NAME

Pursue t to Section 53-504, Idaho Code, the undersigned submit: for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: Se instructions on reverse before filing.

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STATE OF IDAHO

2. The true name is) and business address(es business under the assumed business name Name  Ed Hensas  Karen Hensas	of the entity or individual(s) doing
Wholesal: Trade Construction Services Agriculture Manufacti ring Mining Finance, isurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  In PRINT! Unlimited  SG 35 Thunder De Manufact  Ammon TD 8340L	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
Signature: 100 Signature required Hamber (Capacity/Title: 100 See instruction: 8 on back of form)	Secretary of State use only    Secretary of State use only