

Printed Name: 5400

(see instruction # 8 on back o form)

Capacity/Title: (2)

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.		
	NOTE: See instructions on reverse before filing	19. STATE	
		ਜੋੜ੍ਹ ਵੈ	
1.	The assumed business name which the undersigned use(s) in the transaction of		
	business is:	₽ -	
	Hess 215 Rotation Irrigati	A A A A A A A A A A A A A A A A A A A	
	HOS 215 HOURCEST DITTERENT	CA MASSOCIATION	
2	The true name(s) and <u>business</u> address(es) of the	on ontity or individually doing	
۷.	business under the assumed business name:	ie entity of individual(s) doing	
		Complete Address	
	<u>Name</u>	Complete Address	
	Stau Lee 64	164 Souts Cruz Boise ID 83709	
	Arrita Alexander 11	845 Lake Hazel Rd, Boise ID 83709	
3.	The general type of business transacted under the assumed business name is:		
	general great and an arranged and arranged business harries is.		
	Retail Trade X Transportation and Public Utilities		
	☐ Wholesale Trade ☐ Construction		
	Services Agriculture		
		Submit Certificate of	
	Manufacturing Mining	Assumed Business	
	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
4		Committee of Child	
4.	The name and address to which future	Secretary of State	
	correspondence should be addressed:	700 West Jefferson Basement West	
	Stralpo	PO Box 83720	
	1111 60/1	Boise ID 83720-0080	
	6464 Sinta Cruz	208 334-2301	
	Buse ID 83709		
F	Name and address for this acknowledgment	Phone number (optional):	
J.	COPY is (if other than # 4 above):	Thorie number (optionar).	
	COPY 13 (If other than # 4 above).	362-1153	
		·· ······	
		Secretary of State use only	
		Secretary or state use only	

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IDANG SECRETARY OF STATE **95/28/2003 95:90** CK: 1267 CT: 158010 BH: 682826 L@ 25.00 = 25.00 ASSUM NAME # 2

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