CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

SECRETARY OF 10AHO

STATE OF IDAHO

STATE O

	gives notice of adoption of an Ass	-	- 1/2 0	
1.	business is:			
	Capital VES F	UNDIN	16 GROUP	
_	Copital		t all the allow delta a	
2.	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 			
			mplete Address	
(Name NAME N	39	07 Spiers AUG-	
		NO	,#2	
	<i>C</i>	oourd's	ALONE, ID. 83815	
3.	The general type of business transacted und (mark only those that apply)	ler the assu	med business name is:	
	 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Construction 	⊠ Fin Mir	insportation and Public Utilities ance, Insurance, and Real Estate ning	
	correspondence should be addressed:		r (optional): 208-667-7860	
	CAPITAL YOS FINDING GRO CAPITAL 3907 SPIERS AUG. NO.	go	Submit Certificate of	
	3907 SPICES AUG. No."	*2	Assumed Business	
	SOURD ALONE, ID. 838/5		Name and \$20.00 fee to:	
C	BEURO ACCINE, IN 830		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgment		Basement West	
	COPY IS (if other than # 4 above):		PO Box 83720. * Boise ID 83720-0080	
			208 334-2301	
			SAMBOSEORET ARPHETUSTATETY	
		1/38	U3/24/2000 09:00	

Signature: Charles Farley
Printed Name: CHARLES FARLEY

Capacity: GENERAL

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM HAME # 2

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