

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.

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Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	ersigned use(s	i) in the transaction of	
Business N	arketeers		
The true name(s) and business address(es) business under the assumed business name Name Devon Fletcher	• • • • • • • • • • • • • • • • • • • •		
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Su As Na Ida 450 PO		
Devon Fletcher			
804 W. Bacall St.	(20	8) 334-2301	
Meridian, Id 83646 5. Name and address for this acknowledgment copy is (if other than # 4 above):	t		
		Secretary of State use only	
Signature: (signature required) Printed Name: Devon Fletcher Capacity/Title: (see instruction # 8 on back of form)	g:toorpifoms/abn forms/abn.p65 Revised 04/2003	IDAHO SECRETARY OF S 98/31/2009 G CK: 1491 CT: 199788 BH: 1 8 25.00 = 25.00 ASSU	TATE 5 : 00 1185215 N MANE # 4