

## CERTIFICATE OF ASSUMED BUSINESS, NAME

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: JAIE Instructions are included on back of application.

## FILED EFFECTIVE

2012 MAR 16 RM 9: 21

SECRETARY OF STATE STATE OF IDAHO

business under the assumed I	
<u>Name</u>	Complete Address
Robert F Warner	6548 N River RD Idaho Falls, ID. 83402
Debra L Warner	6548 N River RD Idaho Falls, ID. 83402
☐ Retail Trade ☐ T☐ Wholesale Trade ☑ €	transacted under the assumed business name is:  Fransportation and Public Utilities  Construction  Agriculture
	Mining Submit Certificate of Assumed Business
The name and address to whi correspondence should be ad Robert Warner	idressed: 450 North 4th Street PO Box 83720
6548 N River RD Idaho Falls, ID. 83	Boise ID 83720-0080 208 334-2301
5. Name and address for this act copy is (if other than # 4 above).	knowledgment
-A-M-	Secretary of State use only
gnature / L	
inted Name: Robert F Warner	
apacity/Title: Owner	
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