

Capacity/Title:

(see instruction # 8 on back of form)

## **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. 2007 JUL 18 Ph 12: 36

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

Assured Certified How	ne Impection
The true name(s) and business address(es) of the business under the assumed business name:     Name	
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Brad Fink  891 N. Cara caras Pl.  Eagle TO 83616	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	Phone number (optional): 206-409-1019
	Secretary of State use only

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