

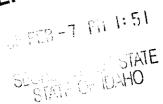
Capacity/Title: OWAYCA

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME LED EFFECTIVE Oursuant to Section 53-504, Idaho Code the code

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.



CHRISTIAN Companion U	Motor Conch Tours
The true name(s) and <u>business</u> address business under the assumed business. Name	s name:
	Complete Address 3057 (A Arrif I arr D Marin)
SYZANNE & KERBS	SAME IDENTIFICATION MERITAGES
2 The conoral time of husiness translation	
3. The general type of business transacted	ed under the assumed business name is:
Retail Trade UTransporta	ation and Public Utilities
Wholesale Trade Constructi	tion
Services Agriculture	re Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Est	state Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	
DAVID L + SURNAME E. K	Basement West PO Box 83720
3657 W ANGELIER DR	Boise ID 83720-0080
WERIDIAN IN 83642	208 334-2301
5. Name and address for this acknowledge	
COPy is (if other than # 4 above):	208-288-1444
	Secretary of State use only
nature:	meyer season bees
nature: (signature required) Attend Name: Day 117 L. KEABS	

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