Capacity:____

Partner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)



ATION
s(es) of the entity or individual(s) doing name is/are:
Complete Address
P. O. Box 608, Burley, ID 83318
P. O. Box 608, Burley, ID 83318
P. O. Box 608, Burley, ID 83318
Finance, Insurance, and Real Est tion Mining Submit Certificate of Assumed Business
Name and \$20.00 fee to:
Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
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