

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

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

The assumed business name which the un business is:	
TAnsills Econo U	obe, love #7
2. The true name(s) and <u>business</u> address(est business under the assumed business name)  Name  Steve Thosill  Lawring Toronto.	
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation  Wholesale Trade Construction	n and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Hamiltono lebe + Tone " 2	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above):	737-7298
	Secretary of State use only
Printed Name: STEVE TAASI'I/ Capacity/Title: OWNCV	IDAHO SECRETARY OF STATE  ### 17 / 2 #### 2 ### 2 ### 2 ### 2 ### 2 ### 2 ### 2 ### 2 ### 2 ### 2 #### 2 ### 2 #### 2 #### 2 #### 2 #### 2 #### 2 #### 2 #### 2 ######