

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Printed Name:

Signature:

		D BUSINESS 21, Part 8, Idaho Code. 00.	NAME	SECRETARY OF	M 9, 02
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the assu	umed business nar	ne (do <u>not</u> include the n	ame you listed in #1):	nose doing business u	
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(Name)		(Address)			
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☐ Reta	eral type of busine ail Trade blesale Trade vices	ss transacted under Construction Agriculture Manufacturi	n 🔲 Tran	sportation and Public	
4. Mailing a	address for future o	correspondence:	5. Name and copy is (if off	address for this ackno her than # 4):	wledgment
Shev (Name)	ry miltor	<u>d</u>	(Name)		
(Address)	Whitewat	er DR	(Address)		
(City)	pa To	State) SZLSE (Zipcode)	(City)	(State)	(Zipcode)
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Signature:_	no: Sherry Shung Mu	<i>X////</i>		IDAHO SECRETARY OF S	
Printed Name:				12/21/2016 05: 51721 CT:158010 B	H:1560478
Signature:_			16 25	5.00 = 25.00 Assum	_
Printed Nan	ne:	·		DIGITAL)

Rev. 08/2015