

Printed Name: ____ Capacity/Title: ____

Signature:

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.

11 JUN 23 AM 9: 29

Please type or print legibly.
Instructions are included on back of application.

The true name(s) and <u>business</u> address(es business under the assumed business nar	
Name	Complete Address
THOMAS J. FELZIEN	7237 OLD BRUNEAU HU
	MARSING, TD, 83639
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
— Finance, mourance, and Real Estate	1
The name and address to which future correspondence should be addressed: THOMAS J. FELTIEN 7237 OLD BRUNEAW HWY MARSING LD, 83639	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301

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IDAHO SECRETARY OF STATE

06/23/2011 05:00

CK: 3446 CT: 158016 BH: 1279591
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