

Signature: Talucca

Printed Name:

Capacity/Title:

Patricia S Seamons

Partner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 50-504. Edaho Code, the undersigned submits for filing a semificate of Assumed Business Name

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Seamons On Target	Rentals
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Patricia S Seamons	PO Box 711 Blackfoot ID 83221
Joe B Seamons	PO Box 711 Blackfoot ID 83221
The general type of business transacted under the	e assumed business name is.
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance Insurance and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Seamons On Target Rentals	Basement West PO Box 83720
PO Box 711	Boise ID 83720-0080
Blackfoot ID 83321	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
). Maille and address for this acknowledgment	
CODY IS of other than # 4 above?	

IDAHO SECRETARY OF STATE

106/13/2095 95:00

CK: CK # CT: 189603 BH: 815721

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