

Printed Name:

Capacity/Title:

(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.

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

SECRETARY OF STATE STATE OF IDAHO

10 JAN 27 PM 2: 49

The true name(s) and business address(es) or business under the assumed business name:	
Name, TROY FERCEUSON L	Complete Address  1253 SALOWAY RO  MISSICION, IN- 83644
. The general type of business transacted unde	
Retail Trade Transportation ar  Wholesale Trade Construction	nd Public Utilities
Services Agriculture	Submit Certificate of
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future	idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Middleton, ID. B3644	Boise ID 83720-0080 (208) 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	w
COPY TO (II date) a lattir 4 abovo).	
·	Secretary of State use only

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