

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.

08 SEP 22 AM 8: 59
SECRETARY OF STATE
STATE OF IDAHO

The true name(s) and business address(es) of the true name(s) and business address(es) address(es) and business address(es) addre	he entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Elizabeth Holloway 401	2 Laure Ave. Coper d'Alene, Id. 83
The general type of business transacted under the	he assumed business name is:
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
4012 laurel sue.	PO Box 83720
Corur d'Alene, Id. 83815	Boise ID 83720-0080
	208 334-2301
es de la companya de	
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above).	208-704-4257
	Secretary of State use only

IDAHO SECRETARY OF STATE 29/22/2008 05:00 CK: 1116 CT: 222773 BH: 1136820 1 8 25.00 = 25.00 ASSUM NAME # 2

DISUGGY