Printed Name: Danie

Capacity/Title: Owney

(see instruction #8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED/L COTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 7002 JUN 20 AM 8: 41

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

SLUB TARY OF STATE

Champion Martial	
The true name(s) and <u>business</u> address(es) of	of the entity or individual(s) doing
business under the assumed business name:	and the second of the second o
<u>Name</u>	Complete/Address
Daniel Christopher Simon	8634 S. Whitzast way Eagle . Id 836
The general type of hysiness transacted and d	
. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	nd Public Utilities
☐ Wholesale Trade ☐ Construction	· · · · · · · · · · · · · · · · · · ·
	Output Out of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future	0
correspondence should be addressed:	Secretary of State 700 West Jefferson
oonoopondence should be addressed.	Basement West
Daniel C Simon	PO Box 83720
3034 5 white post uny	Boise ID 83720-0080
Eggle, IN 836/6	208 334-2301
<b>)</b>	
Name and address for this acknowledgment	Phone number (optional):
CODY IS Attached to the cold	208 · 703 · /836
COPY is (if other than #4 above):	
CODY IS (if other than #4 above):  N/A	

IDAHO SECRETARY OF STATE

06/20/2002 05:00

CK: 1056 CT: 158010 BH: 472876

1 0 20.00 = 20.00 ASSUM NAME # 2