

(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 SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.

The Car	rpet Consultants
The true name(s) and business address(     business under the assumed business na	es) of the entity or individual(s) doing ame:
Name	Complete Address
LeGrand Bowden	27042 Freezeout Rd Caldwell ID 83607
Anne Bowden	27042 Freezeout Rd Caldwell ID 83607
3. The general type of business transacted of Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	on and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720
LeGrand or Anne Bowden	Boise ID 83720-0080
27042 Freezeout Rd	(208) 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
ignature: (signature required) rinted Name: LeGrand Bowden	### Second Control of
apacity/Title:owner	IDAHO SECRETARY OF STATE 94/28/2008 05 = 6
apacity/ i lite: Owner	E CK: 1803 CT: 225366 BH: 1118

D12/30/