

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

	9 .	
	The assumed business name which the undersigned use(s) in the transaction of business is:	
	WIID West Who	olesale
	C146717	Complete Address 390 W. Hayden Ans ayden ID 83835
3.	The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
	☐ Services☐ Agriculture☐ 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: Wild West Wholesale 2390 W. Hayden Awe Hayden In 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.		Phone number (optional):
	COPY is (if other than # 4 above).	208-772-0175
	Jame as abone	Secretary of State use only
gnat	ture: (signature required)	D912437

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IDAHO SECRETARY OF STATE

22/14/2006 05:00

CK: 11855 CT: 195148 BH: 937664

25.00 = 25.00 ASSUM NAME # 2