



CERTIFICATE OF ASSUMED BUSINESS NAME

	EIN# IS ON FILE.
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CERTIFICATE	, (A
ASSUMED BUSINE	1 T T T T T T T T T T T T T T T T T T T
Pursuant to Section 53-504, Idaho Co submits for filing a certificate of Assur	
Please type or print legib	
Instructions are included on back o	f application.
The assumed business name which th business is:	e undersigned use(s) in the transaction of
Write On Enterprise	<u>25</u>
The true name(s) and <u>business</u> address business under the assumed business Name	• • • • • • • • • • • • • • • • • • • •
Retty J Campbell	114 W 12 th Ada.
- Sour Carrie	Post Falls ID 83854
`	Submit Certificate of Assumed Business State Name and \$25.00 fee to: Secretary of State
(Same as abole)	450 North 4th Street PO Box 83720
	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above): (See a.bayle)	gment
Signature: hycamplul	Secretary of State use only
Printed Name: B.J. Campbell	—
Capacity/Title: <u>Sole proprietor</u>	
Signature:	
	05/07/2012 05:00
Printed Name:	CK: 3791 CT: 279886 BH: 1322934 1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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