| 227 | |
|--|---|
| 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. 0.3 MAY - 7 PM 2: 56 | |
| Please type or print legibly. | CEOPETARY OF STATE |
| NOTE: See instructions on reverse before | e filing. STATE OF IDAHO |
| 1. The assumed business name which the undersigned use(s) in the transaction of business is: BINE JSIAND SNOW | |
| 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing | |
| business under the assumed business name | e: |
| <u>Name</u> LES RIVE | <u>Complete Address</u> 1686 E Kint Nº/ Kund/Id/F3634 1686 E Kmb Ro / Kund/Id/F3634 |
| LES BLUE MARIANA BLUE | 146 E Kmb de Kund / FS/53634 |
| | |
| 3. The general type of business transacted under the assumed business name is: \square Retail TradeTransportation and Public Utilities \square Wholesale TradeConstruction \square ServicesAgriculture \square ManufacturingMining \square Finance, Insurance, and Real EstateSubmit Certificate of Assumed Business Name and \$25.00 fee to:4. The name and address to which future correspondence should be addressed:Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-23015. Name and address for this acknowledgment copy is (if other than #4 above):Phone number (optional): $2 \circ F - 92^2 - 22 4F$ | |
| Signature: (signature required) Printed Name: Les Blue Capacity/Title: Dunce (see instruction # 8 on back of form) | Secretary of State use only IDAHO SECRETARY OF STATE 05/07/2003 055:00 CK: 3652 CT: 156819 BH: 679244 1 9 25.00 = 25.00 ASSUM HARE # 2 D 45/9/ |