

Signature: Printed Name: Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

	FILED EFFECT
CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines Please type or print legibly. Instructions are included on back of applications	AME ersigned ss Name.
The assumed business name which the undersign business is The idano Obituaries	gned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Jeffrey Crowe	he entity or individual(s) doing <u>Complete Address</u> Милау Ave, Emmett, ID 83617
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Wholesale Trade Manufacturing Mining Mining Inance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: The Idaho Obituaries 408 Murray Ave Emmett, ID83617	
Name and address for this acknowledgment copy is (if other than # 4 above):	· · · · · · · · · · · · · · · · · · ·
nature: Offry howe value of the Crowe of the Control of the Contro	Secretary of State use only

09/21/2012 05:00 CK: 102 CT: 274587 BH: 1340719 1 0 25.00 = 25.00 ASSUM NAME # 2

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