

## 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.

2014 JUL 21 AM 9: 21

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

SECRETARY OF STATE STATE OF IDAHO

	SIME OF INJURY
The assumed business name which the under business is:	* * * * * * * * * * * * * * * * * * *
A.H. Custom Inte	Priors
The true name(s) and <u>business</u> address(es) of business under the assumed business name     Name	Complete Address
f(x) = f(x)	3911 Moccasin Road CDA 83815
3. The general type of business transacted under	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  **Dictard Harris**	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
391/ Moccasin (Coal) CDA ID, 83815 5. Name and address for this acknowledgment	208 334-2301
COpy is (if other than # 4 above):	
	Secretary of State use only
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pacity/Title: <u>סאיאטא</u> gnature:	16 25.00 = 25.00 ASSUM NAME

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Printed Name: \_\_\_\_\_

Capacity/Title:\_\_\_\_