

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

(see instruction # 8 on back of form)

## CERTIFICATE OF **ASSUMED BUSINESS NAME**



Pursuant to Section 53-504, Idaho Code, the undersigned 2005 NOV 21 AM 9: 38

Please type or print legibly. NOTE: See instructions on reverse before filing.

Stabe St	orage
2. The true name(s) and business address under the assumed business Name  Gary Przybilski	Complete Address  19388 St. Joe River Rd  St. Monies, Id
The general type of business transactions are selected as a selected at the selected at t	eted under the assumed business name is:
Retail Trade Transport Wholesale Trade Construct Services Agricult Manufacturing Mining Finance, Insurance, and Real E  4. The name and address to which future correspondence should be addressed  Gocy Przybilski  19388 Stude River R  St. Manies, Id. 83861  5. Name and address for this acknowled	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled COpy is (if other than #4 above):	208-245-1238
	Secretary of State use only
gnature: (signature required) inted Name: (Spry F, Pvzyb)//s	IDAHO SECRETARY OF STATE  1 1/21/2005 05 = 00  CK: 421510135 CT: 158010 BH: 9230  1 0 25.00 = 25.00 ASSUM NAME #