

Capacity/Title:

## **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 DEC -8 PN 1:17

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

SECRETARY OF STATE STATE OF IDAKO

The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u>	
Glenn Eldredge	11336 Aldershot Dr Boise
	<del>8</del> 370°
3. The general type of business transacted upon Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is: and Public Utilities
Services Agriculture  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:  Glenn Eld rende  1133b Aldershot Dr.  Boisc ID 83709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	t
1 4-1	Secretary of State use only
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