

Capacity/Title

Printed Name: Capacity/Title:

Signature:

## CERTIFICATE OF FASSUMED BUSINESS NAME

FILED SFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 JAN 10 AM 8:46

Please type or print legibly.

Instructions are included on back of application.

SECRE ARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	
Name	Complete Address
MATTHEW E BENJON	1007 PIJS FULL T
SHAMAID IN READING	602 R.GS EWMETT ID 8
STOP HAN DOLD BON 1814 6	OCK. GBS CHIMETIN 8
The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and I	
☐ Wholesale Trade	
☐ Services ☐ Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25,00 fee to:
	Maine and \$25.00 lee (b.
The name and address to which future correspondence should be addressed:	Secretary of State
662 R.665 AUE	450 North 4th Street PO Box 83720
EMMETT ID	Boise ID 83720-0080
CAMPINE (17)	208 334-2301
8 36. /	
Name and address for this acknowledgment	
COPY is (if other than # 4 above):	

IBAHO SECRETARY OF STATE
01/10/2011 05:00
CK: 1274 CT: 254174 BH: 1254579
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