

Printed Name:

Capacity/Title: <u>Owner</u>

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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SECRETARY OF STATE, STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

- Red Trick Produce	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	ne: Complete Address
5-6, Inc C149735	Hommon, ID 83404
3. The general type of business transacted u	inder the assumed business name is:
Retail Trade	Submit Certificate of
Finance, Insurance, and Real Estate  I. The name and address to which future correspondence should be addressed:    David Bishop, CPA   3012 Oscumply Circle   Ammon, FD 83404	Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  David Bishop, CPA  3042 Oakwood Circle	Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

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IDANO SECRETARY OF STATE 03/20/2009 05:00 CK: 4551 CT: 171006 BH: 1162219 1 0 25:00 = 25:00 ASSUM NAME 8

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