## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



| To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume           | ode, trië undersigned " ed Business Name. segratation of STATE   |
|---|--|
| 1. The assumed business name which the usiness is:  Capital Coac  | undersigned use(s) in the transaction of   |
| The true name(s) and business address(s) business under the assumed business name     Name                              | ame is/are: <u>Complete Address</u>  |
| A. Elizabeth TROSKY   | 308 S. 264 Boise, III  |
| 3. The general type of business transacted (mark only those that apply)   | under the assumed business name is:  |
| ☐ Retail Trade       ☐ Manufactur         ☐ Wholesale Trade       ☐ Agriculture         ☐ Services       ☐ Construction | Finance, Insurance, and Real Estate  |
| 4. The name and address to which future correspondence should be addressed:   | Phone number (optional):   |
| A. Klizaheth TROSKY<br>308 S 25th   | Submit Certificate of Assumed Business Name and \$20.00 fee to:  |
| Boise FD 83702  5. Name and address for this acknowledge copy is (if other than # 4 above):                             | Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| a social Dala   | Secretary of State use only IBAHO SECRETARY OF STATE  BB/BB/1997 89:88  CK: CRSH CT: 85428 BH: 27784   |
| inted Name: <u>A. Elizabeth TRosk</u>   | 1 0 20.00 = 20.00 ASSUM WAVE   |