

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. 2013 JAN 25 AM 1:54

Please type or print legibly.

Printed Name: Sondra Sorensen

(see instruction #8 on back of form)

Capacity/Title: Owner

NOTE: See instructions on reverse before filing.

business under the assumed business na Name	ame: Complete Address
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Sondra Sorensen	<u>1165 Galena Drive Twin Falls,I</u> 83301
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The general type of business transacted	under the assumed business name is:
Retail Trade Transportation	on and Public Utilities
Wholesale Trade Construction	n
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	e Name and \$25.00 fee to:
The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Trustworthy Bookkeeping Serv	Boise ID 83720-0080
1165 Galena Drive	(208) 334-2301
Twin Falls, ID 83301	
. Name and address for this acknowledgm	nent
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CODY 15 (if other than # 4 above).	

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IDAHO SECRETARY OF STATE
01/25/2013 05:00
CK: 3850 CT: 158010 BH: 1357379
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