

CERTIFICATE OF ASSUMED BUSINESS NAME

(signature required)

Joseph Collins

Owner

(see instruction # 8 on back of form)

Printed Name: ____

Capacity/Title:

CERTIFICATE O	SS NAME a, the undersigned d Business Name.
ASSUMED BUSINES	SS NAME
Pursuant to Section 53-504, Idaho Code	e, the undersigned
submits for filing a certificate of Assumed Please type or print legibly.	d Business Name.
NOTE: See instructions on reverse bet	fore filing.
The assumed business name which the u business is:	undersigned use(s) in the transaction of
Fires	side Homes
The true name(s) and business address(e	es) of the entity or individual/a) dains
business under the assumed business na	ame:
Name	Complete Address
Joseph Collins	12452 W. Goldenrod Ave Boise, ID. 83713
	12402 11. Coldeniad Ave Bulse, ID. 637 13
	72402 W. Goldeniod Ave. Boise, ID. 63713
The general type of business transported a	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Joe Collins 12452 W. Goldenrod Ave. Boise ID. 83713	under the assumed business name is: on and Public Utilities Submit Certificate of 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
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08/19/2002 05:00
CK: 1868 CT: 123998 BH: 483461
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