

Printed Name:

Capacity/Title: Tour T

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Kirk Undge 20	25 n Bingham
late lamon. Na	mpa IO 83651
The accordance of his channel and the state of the state	
The general type of business transacted under the	ie assumed business name is:
Retail Trade Transportation and I	Public Utilities
Wholesale Trade Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
, , , , , , , , , , , , , , , , , , ,	
The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
2025 n Bingham	PO Box 83720
Mam Ma IN 83651	Boise ID 83720-0080
	208 334-2301
	Dhone number (00)
Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	4
	Secretary of State use only

IDAHO SECRETARY OF STATE 05/05/2004 05:00 CK: 3686 CT: 158810 BH: 743210 1 0 25.00 = 25.00 ASSUM NAME # 2

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