

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

	FILED EFFECTIVE
CERTIFICA CERTIFICA	TE OF
ASSUMED BUS Pursuant to Section 53-504, Ida submits for filing a certificate of	ho Code, the undersigned
Please type or print Instructions are included on ba	legibly.
The assumed business name whi business is:	ch the undersigned use(s) in the transaction of
Но	oves, Beards and Feathers
The true name(s) and <u>business</u> ac business under the assumed business Name	ddress(es) of the entity or individual(s) doing iness name: <u>Complete Address</u>
Harvey Cooley	326 S 250 E, Burley, ID 83318
Rise' Cooley	326 S 250 E, Burley, ID 83318
✓ Services	Assumed Business Pal Estate Name and \$25.00 fee to: Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
	Secretary of State use only
gnature: Harvey Cooley	
apacity/Title: Co-owner	
gnature:	
rinted Name: Rise' Cooley	IDAHO SECRETARY OF STATE 05/04/2012 05:00
apacity/Title: co-owner	CK: 3141 CT: 158819 BH: 1322652 1 8 25.80 = 25.80 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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