

## **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.

2012 OCT -2 AM 8: 48

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

SECRETARIO CA STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es business under the assumed business name	ne:
Name	Complete Address
Courae A Tester (Husband)	2015 Wayne DR Phyotle, ID
Tablatha I Tester (wife)	2015 Wayne DR Kayotte, ID
3. The general type of business transacted ur	nder the assumed business name is:
	•
	n and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	<del>                                     </del>
Manufacturing Mining	Submit Certificate of
<del></del>	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
The name and address to which follows	[
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Courad A Tester	PO Box 83720
2015 Wayne DR	Boise ID 83720-0080
2 11 52/1	208 334-2301
rayette ID 85661	
<ol><li>Name and address for this acknowledgmer</li></ol>	nt
COPY IS (if other than # 4 above):	
•	
	Secretary of State use only
nature:_ Ch 2	
ited Name: Courail A Tester	
pacity/Title: owner	·
nature:	IDAHO SECRETARY OF STATE
nted Name: Tabbatha lester	10/02/2012 05:00
pacity/Title: AWAAR	CK: 2533 CT: 158018 BH: 134289 1 9 25.00 = 25.00 ASSUM NAME

abn.pmd Rev. 07/2010

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