

Printed Name: Re

(see instruction # 8 on back of form)

Capacity/Title: ✓

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.

FILED EFFECTIVE

05 JUL 19 PM 2: 47

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
-Kebeca Skidmore / Harvoual	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name	Complete Address
Myself 18:	S Ross St
Rebecca Skidmere Boise toldo	
	83707
3. The general type of business transacted under the genumed business was the	
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
☐ Wholesale Trade ☐ Construction	
☐ Services ☐ Agriculture	Cultural Continues of
☐ 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 correspondence should be addressed:	Secretary of State 700 West Jefferson
\bigcap	Basement West
Rebecca Studente	PO Box 83720
785 Ross St	Boise ID 83720-0080
Boise Id, 83702	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	2 Set / / 20 x20
(i) St. (i) St. (ii) A t.	(200) 4 53-0320
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IDAHO SECRETARY OF STATE 07/19/2005 05:00 CK: CRSH CT: 158810 DH: 822115 0 25.00 = 25.00 ASSUM HAME # 2