

227



2003 DEC 17 PM 2: 01

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.

SEAL OF THE STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Business is: Schwendi man Financial Consulting

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address:

Name
Tyler Schwendiman

PO Box 262

Ripic, ID 83443

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |
- Submit
 Assum
 Name

- 4. The name and address to which future correspondence should be addressed:**

Schwendiman Financial Consulting
PO Box 262
Ririe, ID 83443

**Submit Certificate of
Assumed Business
Name and \$25.00 fee to:**

**Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301**

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

708-522-3380

Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

Secretary of State use only

Revised 06/2013

IDAHO SECRETARY OF STATE
12/17/2003 05:00
CK: 121720835646DMF CT: 172099 BH: 717237
1 @ 25.00 = 25.00 ASSUM NAME # 4

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