FILED EFFECTIVE



CERTIFICATE OF **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 MAY 15 AM 9: 11

SECRETARY OF STATE STATE OF TOAHO

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

Signature:

Printed Name: _____

Capacity/Title: __

Freeman Custom AKs		
The true name(s) and <u>business</u> a business under the assumed business.		
Name	704 5	Complete Address
John West	704 East 15	5th Street Idaho Falls, Id. 83404
	nsportation and Publi	
Services Ag	onstruction priculture ning Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which correspondence should be address to which should be address. John West	1	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
704 East 15th Street, Idaho Falls		208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment	
		Secretary of State use only
ignature: <u>Jahn West</u>		IDAHO SECRETARY OF STA
rinted Name: John West		05/15/2014 05:0
apacity/Title: Owner		CK:1055 CT:158010 BH:14

CK:1055 CT:158010 BH:1424885 16 25.00 = 25.00 ASSUM NAME #2

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