

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 MAY 28 AM 8: 38

NOTE	Please type or prin			STATE <b>OF IDA</b> H	TATE
1. The assu business	med business name whis: White Pin	·	• ' '	e transaction of	
business	name(s) and business a under the assumed bus Name	siness name:	Complete A	Address	7002
<u> </u>	e59396		7 Main Str Po Box 197	) , KO LIIKL	8 <i>3</i> 537
X Rei		nsacted under to nsportation and nstruction		ness name is:	
☐ Ser ☐ Mar		riculture ning	Assumed	ertificate of Business d <b>\$25.00</b> fee to:	
	e and address to which ndence should be addre 'S Food City, Inc		Idaho Secr 450 N 4th : PO Box 83 Boise ID 83	720	
<u>Po B</u> Ken	ox 197 <sup>3</sup> drick, ID 83:	537	(208) 334-2	2301	
	nd address for this ackr if other than #4 above):	nowledgment			
		ph.p65	Secn	stary of State use only	
Signature: A	Aaron Heinen	g'scapitamstabn formatabn.pd	Q: Art of	TRAIN DECPETE	NEY OF STATE
Capacity/Title:	instruction # 8 on back of form)	ndozy, 5		95/28/28: CK: 37067 CT: 729	10 05 ± 00 133 BH: 1224473 NO ASSUM NAME # 8

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