

Signature:

Printed Name:

Capacity/Title:\_\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAMED JAM 15 MM 8: 59

FILED EFFECTIVE

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

Please type or print legibly. See instructions on reverse before filing

NOTE. See instructions of	All teverse before ming.		
The assumed business name business is:	e which the undersigned	d use(s) in the transaction	1 of
2. The true name(s) and business under the assumed Name  BUXE BATHES  TAMME BATHES	d business name:	entity or individual(s) doing Complete Address	·
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities			
Wholesale Trade Wholesale Trade Services Manufacturing Finance, Insurance, a	Construction Agriculture Mining	Submit Certificate of Assumed Business Name and \$25.00 fee	to:
4. The name and address to w correspondence should be a UNIX	•	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this copy is (if other than # 4 above):	acknowledgment	Phone number (optiona	u): -
		Secretary of State us	e only
<b>1</b>			

IDAHO SECRETARY OF STATE **01/15/2004 05:00** CK: 1674 CT: 158810 BH: 721998 P 25.88 = 25.88 ASSUM NAME # 2