

Signature: X

Printed Name: 🗘

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME**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.

NOTE: See instructions on reverse before filing.

10 MAY 14 PM 3: 08

SECRETARY OF STATE STATE OF IDAHO

business is:  The Estate	Dlan	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Daniel Van Patten  Tracy Van Patten	entity or individual(s) doing  Complete Address 11373 W. Radcliff St  Nampa ID. 83651	
3. The general type of business transacted under the Retail Trade Transportation and P		
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  11373 W. Radiff St	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
Nampa, ID. 83651  5. Name and address for this acknowledgment copy is (if other than # 4 above):	(208) 334-2301	
8	Secretary of State use on	ly .

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IDAHO SECRETARY OF STATE
05/14/2010 05:200
CK: 7361 CT: 158818 BN: 1222486

