

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

) 163378

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

2013 MAY 21 AM 10: 33

Please type or print legibly. SECRETARY OF STATE STATE OF IDAHO Instructions are included on back of application.

1. The assumed business name which the und business is:	- 1,
2. The true name(s) and <u>business</u> address(es business under the assumed business namename)  Name  Armando Corfee	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Same	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	
Signature: Ahman Courses  Printed Name: Aeman Courses	Secretary of State use only
Capacity/Title: <u>ownov</u>	IDAHO SECRETARY OF STATE
Signature:	05/21/2013 05:00 CK: CASH CT: 158010 BH: 1374779
Printed Name:	1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010