

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Secretary of State

<u>Business Entities</u>

www.idsos.state.id.us/

Pursuant to Section 53-504, Idaho Code, the undersigned JAN 10 AM 9: 12 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es) o business under the assumed business name:	, , , , , , , , , , , , , , , , , , , ,
David Cickins	P.D. Box 836 Spirit Luke ID 8386
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar  Wholesale Trade Construction Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Panhandle Hone Inspection Box 836  Spirit Lake, ID 838A	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment COPY IS (if other than # 4 above).	Phone number (optional): (208) 623-5307
	Secretary of State use only
nature: (signature required)  nted Name: David Corkins	IDAHO SECRETARY OF STATE