

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

7			EIN# IS ON FILE
	CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. Instructions are included on back of apple	e undersig Isiness Na	ned SCOOL AM CONTROL
	e assumed business name which the und siness is: Write On	dersigned	
bu: 	e true name(s) and <u>business</u> address(es) siness under the assumed business names. Name Bety J Campbell e general type of business transacted under the large transportation wholesale Trade Construction	e: 	Complete Address W, 13 ^H Ave Falls, ID 83854 assumed business name is:
	Services Writing Agriculture Manufacturing Mining Finance, Insurance, and Real Estate are name and address to which future manufacturing Agriculture manufacturing Mining manufacturing Mining		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
	(Same as above)		PO Box 83720 Boise ID 83720-0080 208 334-2301
	ame and address for this acknowledgmen py is (if other than # 4 above): (See above)	t	
Printed N	e: <u>ly Camphell</u> Name: <u>B.J. Campbell</u> Notitle: <u>Sole Proprietor</u>		Secretary of State use only
Printed Name:			IDAHO SECRETARY OF STATE 05/07/2012 05:00

abri.pmd Rev. 07/2010

05/07/2012 05:00 CK: 3701 CT: 270066 BH: 1322934 1 8 25.06 = 25.08 ASSUM MANE # 3

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