CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

The Code, the undersigned Name

Name

gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use business is:	e(s) in the transaction of C
	Hillsborough Antique Show	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
	2639 North	Arrowwood Meridian Id
	Robert Taylor 2039 NOICH	83642
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Wholesale Trade ☐ Agriculture ☐ Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): (208) 288-1202 correspondence should be addressed:	
		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	1/98	Secretary of State use only IDANO SECRETARY OF STATE

01/04/2000 09:00 CK: 1183 CT: 124743 BH: 278384

1 8 28.66 = 28.66 ASSUM NAME # 2 D 31842

Signature: Robert Taylor
Printed Name: Robert Taylor Capacity: OWNER

(see instruction # 8 on back of form)