

Printed Name: (1) Robert

(see instruction # 8 on back of form)

Capacity/Title: OWNER

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

	CER	TIFICATE O	F	77.	FILED EFFE	_
		D BUSINES		<b>=</b>	1977 SO	۲)
SOL PA	Pursuant to Section	n 53-504 Idaho Code	the underei	gned 10%	*** 9	
	submits for filling a	certificate of Assumed pe or print legibly.	Business N	ame.	× .05	
NO	E: See instructi	ons on reverse bef	ore filing.		ONOTE	
				use(s) in the trans	action of	
_ <u>A</u>	merica's	Advanta	ge N	W		
2. The true	e name(s) and be	usiness address/e	s) of the or	ntity or individual(s)	doing	
busines	s under the assu Name	umed business nan	ne:		_	
/w 1	Robert Fay	الم ما	100	Complete Address		
		<del>Jacob -</del>	WAN.	Garry Dr., Lib	erty LAKE, WA	
				<del>-</del>	J 4911	
			-			7
☐ Re	etail Trade holesale Trade	Transportation Construction		sumed business na c Utilities	ame is:	7
☐ Re ☐ W ☒ Se ☐ Ma	etail Trade holesale Trade rvices inufacturing	Transportation Construction Agriculture Mining		C Utilities  Submit Certificate Assumed Busines	of es	7
☐ Re ☐ W ※ Se ☐ Ma	etail Trade holesale Trade ervices inufacturing iance, Insurance	Transportation Construction Agriculture Mining and Real Estate		Submit Certificate Assumed Busines Name and \$25.00	of es	7
☐ Re☐ W Se ☐ Ma ☐ Fir	etail Trade holesale Trade rvices inufacturing	Transportation Construction Agriculture Mining and Real Estate Which future		Submit Certificate Assumed Busines Name and \$25.00 Secretary of State	of s fee to:	7
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IDAHO SECRETARY OF STATE
91/92/2094 95:00
CK: 1344 CT: 158818 BH: 719728
1 8 25.00 = 25.00 ASSUM NAME # 2