

Capacity/Title: Co-Owner

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	S NAME the undersigned
Please type or print legibly. Instructions are included on back of application.	
The assumed business name which the ubusiness is:     Panhandle Poppers	indersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
<u>Name</u>	Complete Address
Kevin Bennett	3719 Grandview Drive, Sandpoint ID 83864
Chris Wood	3719 Grandview Drive, Sandpoint ID 83864
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: Panhandle Poppers  3719 Grandview Drive, Sandpoint ID 83864	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 acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature: Sem Bennett Sevin Bennett	
Capacity/Title: Co-Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Chris Wood	09/24/2012 05:00 CK: 6122 CT: 248667 BH: 1348968

abn.pmd Rev. 07/2010

CK: 6122 CT: 248667 BH: 1340968 1 0 25.00 = 25.00 ASSUM WANE # 2

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