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## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 MAR 19 AM 9:49

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Dunright  The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
2.							
	Tanya M Owens	1620 Powers Ave, Lewiston, ID 83501					
	(Name)	(Address)					
\ ₹-	(Name)	(Address)					
	(Name)	(Address)					
	(Name)	(Address)					
3. The general type of business transacted under the assumed business name is:						ness name is:	
	<ul><li>☐ Retail Trade</li><li>☐ Wholesale Trade</li><li>☒ Services</li></ul>		Construction Agriculture Manufacturing		Min	sportation and Public Utilities ing ince, Insurance, and Real Estate	
4.	Mailing address for future correspondence:			5.	Name and copy is (if oil	address for this acknowledgment	
	Tanya M Owens						
	(Name) 1620 Powers Ave				(Name)		
	(Address)				(Address)		
	Lewiston ID 83501						
	(City)	(State)	(Zipcode)		(City)	(State) (Zipcode)	
Printed Name: Tanya M Owens					Secretary of State use only		
Sig	nature:	<u> </u>					
Printed Name:						IDAHO SECRETARY OF STATE 03/19/2018 05:00	
Signature:					CK:	:506D CT:354705 BH:1632943	
Printed Name:					1(4 2	25.00 = 25.00 ASSUM NAME #2	
Signature:					D201226		

Rev. 08/2015