

Printed Name: //عدر

(see instruction #8 on back of form)

Capacity/Title:\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

200 AUG 16 PH 4: 04

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF YOUR

1. The assumed business name which the undersign business is:  \[ \frac{\frac{\frac{\empty}{A}EM\empty}{A}}{A} \]	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Melly Thornburg  50	e entity or individual(s) doing  Complete Address  McDen mo ++ Ref  Amyst Fel  83687
<ul> <li>3. The general type of business transacted under the</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Services</li> <li>Transportation and F</li> <li>Construction</li> <li>Agriculture</li> </ul>	
<ul> <li>Manufacturing</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 700 West Jefferson
1984 Thomburg 309 No Denmott ad Napa Id 83687	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  (208) 467-2144  Secretary of State use only
gnature: //// 1//	m9208

Revised 04/2003

IDAHO SECRETARY OF STATE

18 25.00 = 25.00 ASSUM NAME # 2