

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED/EFFECTIVI

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

Please type or print legibly. NOTE: See instructions on reverse before filing. \* FEB 12 AHII: 16

STATE OF IDAHO

business is:  MUITI - STATE Sy	STEMS	
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>		ntity or individual(s) doing  Complete Address
BRAD BAKER	6023	SOMERSET LN STAR ID. 83669
3. The general type of business transacted un	der the as	ssumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Pub	lic Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  MULTI-STATE STATES		Secretary of State 700 West Jefferson Basement West PO Box 83720
MUITI-STATE SYSTEMS P.O.BOX 323 EAGLE, IDAHO 83616	ĺ	Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt	Phone number (optional):
		Secretary of State use only
Signature: Brad Baker	g toop troms lebn forms lebn p65 Revised 09/2002	
Printed Name: BRAD BAKER	forms abn forms Revised 09/2002	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER (see instruction # 8 on back of form)	g.toxptforr	CK: 9829 CT: 158010 BH: 662540 1 8 20.08 = 20.08 ASSUM NAME # 2