

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned AUG 26 AM 8: 50 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

SECREMAY OF STATE STATE OF IDAHO

1. The assumed business name which the und	
business is:	(- 14hanks)
Travelline Vacations	(TravelTime is one word) thanks!
2. The true name(s) and <u>business</u> address(es)	
business under the assumed business name	•
<u>Name</u>	Complete Address
Judith A. Delvalle	17 wildwood Dr. Garden Valley ID 83622
2. The general type of hypers to the second of	der the ecourand huminess name is:
3. The general type of business transacted und	
	and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> </ul>	
	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
JUDITH A. Delvalle	PO Box 83720 Roise ID 83720 0080
17 Wildwood Dr	Boise ID 83720-0080 208 334-2301
Garden Valley, ID 83622	200 OUT 2001
5. Name and address for this acknowledgment	t
COPY is (if other than # 4 above):	İ
	Secretary of State use only
ignature Quarto Q. MelValle	PILLICO TO
ignature: <u>Judith A. Dervalle</u>	
apacity/Title: Owner	TRANS SCORETARY OF STATE
ignature:	IDAHO SECRETARY OF STATE  98/26/2010 05:00  CK: 3478 CT: 158910 BH: 1236364
rinted Name:	1 6 52.00 = 52.00 ASSUM HAME # 5
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