



# 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Diamondback Striping & Asphalt Maintenance

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>CHAD JORGENSEN</u>	<u>187 W 400 N</u>
	<u>BLACKFOOT, IDAHO</u>
	<u>83221</u>

3. The general type of business transacted under the assumed business name is:

- |                          |                                     |                                     |                                     |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | Retail Trade                        | <input type="checkbox"/>            | Transportation and Public Utilities |
| <input type="checkbox"/> | Wholesale Trade                     | <input checked="" type="checkbox"/> | Construction                        |
| <input type="checkbox"/> | Services                            | <input type="checkbox"/>            | Agriculture                         |
| <input type="checkbox"/> | Manufacturing                       | <input type="checkbox"/>            | Mining                              |
| <input type="checkbox"/> | Finance, Insurance, and Real Estate |                                     |                                     |

4. The name and address to which future correspondence should be addressed:

CHAD JORGENSEN  
187 W 400 N  
BLACKFOOT, IDAHO

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Chad Jorgensen  
(signature required)

Printed Name: CHAD JORGENSEN

Capacity/Title: CHAD JORGENSEN / OWNER

(see instruction # 8 on back of form)

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