



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.**

**FILED EFFECTIVE**

02 AUG 14 PM 12:51

STATE OF IDAHO

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

Top Notch Drywall & Construction

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

Name	Complete Address
<u>GEMAL KALAR</u>	<u>4401 S. FIVE MILE BOISE</u>
	<u>ID 83709</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:

GEMAL KALAR  
4401 S FIVE MILE  
BOISE ID 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Signature: [Signature]

(signature required)

Printed Name: GEMAL KALAR

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

Phone number (optional):

362 6096

Secretary of State use only

IDAHO SECRETARY OF STATE  
 08/14/2002 05:00  
 CK: CASH CT: 150010 BH: 482701  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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