

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAY 18 AM 10:03

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

STAGS

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

Name

STAGS Restoration, Remodeling & New

Builders, LLC

W 151878

Complete Address

276 Blue Lakes Blvd. N. Ste 4, Twin Falls ID 83301

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	

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

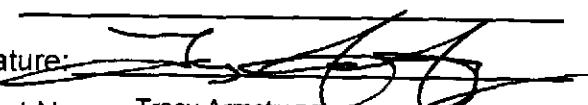
4. The name and address to which future correspondence should be addressed:

Tracy Armstrong, Registered Agent

148 Blue Lakes Blvd. N., #189

Twin Falls, Idaho 83301

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

Signature: 

Printed Name: Tracy Armstrong

Capacity/Title: Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE

05/18/2015 05:00

CK:1658 CT:206593 BH:1475896
10 25.00 = 25.00 ASSUM NAME #4

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