

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

CERTIFICAT  ASSUMED BUSI  Pursuant to Section 53-504, Idar submits for filing a certificate of A	NESS NAME no Code, the undersigned Assumed Business Name.
Please type or print I Instructions are included on ba	egibly. ck of application.
Dusiness 15.	h the undersigned use(s) in the transaction of
The Stump Grant Control of the Stump Grant Contr	dress(es) of the entity or individual(a) dains
Retail Trade Transp Wholesale Trade Const Services Agricu Manufacturing Mining Finance, Insurance, and Real  4. The name and address to which fut correspondence should be address  The Stump Grinder  14149 Hoskins Rd. Wilder TD a	Submit Certificate of Assumed Business Name and \$25.00 fee to:  ure ed: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
COpy is (if other than # 4 above):	
Signature: Raymond J. Mart  Printed Name: Raymond J. Mart  Capacity/Title: Sole Proprietor  Signature: Printed Name:	IDAHO SECRETARY OF STATE
Capacity/Title:	1 9 25.00 = 25.00 ASSUM NAME # 2

D160034

Capacity/Title: