



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 APR 28 AM 8:56

CLERK OF STATE
STATE OF IDAHO

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

SHIVER CONSTRUCTION & REMODELLING

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

JEFFREY KYLE SHIVER

1210 CREEKSIDE DR., HAILEY, ID

JEANNICE SHARON SHIVER

SAME AS ABOVE

83333

MAILING

P.O. Box 3938, HAILEY, ID 83333

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☒ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

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

P.O. Box 3938

HAILEY, ID 83333

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

Phone number (optional):

208-720-6387

Signature: _____

JEFF K. SHIVER
(signature required)

Printed Name: JEFF K. SHIVER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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IDAHO SECRETARY OF STATE
04/29/2003 05:00
CK: 2309 CT: 150010 BH: 67739
1 @ 25.00 = 25.00 ASSUM NAME