

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.

(see instruction # 8 on back of form)



SECLE IN LASTEE STATE AROUND

DRS Mechanical	
The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
Darin Saunders	2503 Partridge Loop, Post Falls, ID 83854
Hiliary Saunders	2503 Partridge Loop, Post Falls, ID 83854
The general type of business transacted un Retail Trade	n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
DRS Mechanical	PO Box 83720
2503 Partridge Loop	Boise ID 83720-0080 208 334-2301
Post Falis, ID 83854	200 004 2001
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional): 208-262-6980
	Secretary of State use only
nature: Darin R. Saunders	Revised Od/2003 Revised Od/2003 Table 2
ited Name.	Philoma Revis
pacity/Title:Owner	THOUR SEPRETARY OF C

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27/30/2007 05:00

CK: 1074 CT: 215877 BH: 1067927

1 8 25.00 = 25.00 ASSUM NAME # 2