

Capacity/Title: \_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE 2015 JUL -1 AM 8: 32

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

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

business is:	Roberts Construction
2. The true name(s) and <u>business</u> address business under the assumed business Name  Name  Michael Roberts	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u> <u>Pro-Box 22 FRV; Hawy TV, 836/7</u>
	ture Submit Certificate of Assumed Business
1. The name and address to which futu correspondence should be addresse  Roberts CONStruction  P.o. Box 22  Fluit AND 30, 83619	1 Secretary of State 1 1
5. Name and address for this acknowle copy is (if other than # 4 above):	dgment
w/n	Secretary of State use only
nature: Machael Roberts	IDAHO SECRETARY OF STATE

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