

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 SEP 15 AM 8: 35

SECRE ARY OF STATE STATE OF IDAHO

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

The assumed business name which the business is:	
2. The true name(s) and <u>business</u> address	s(es) of the entity or individual(s) doing
business under the assumed business Name CHASITY BARBER	
Wholesale Trade Constructi	ation and Public Utilities ion
✓ Services	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: CHASITY BARBER	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
PO BOX 262 TROY ID 83871	208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above): STERLING SAVINGS BANK</li> <li>PO BOX 188</li> </ol>	ment -
TROY ID 83871	Secretary of State use only
Printed Name: CHASITY BARBER	D142135
Capacity/Title: OWNER	IDAHO SECRETARY OF STATE
Signature: Printed Name:	

abn.pmd Rev. 07/2010