

Capacity: OWNER / OPERATOR

(see instruction # 8 on back of form)

## **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	re filing.
1. The assumed business name which the und business is:	dersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u>	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  CHAPMAN SIDING  7/2 S. BOISE AVE. # 7  EMMETT, ID 83617  5. Name and address for this acknowledgments.	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
COpy is (if other than # 4 above):	Secretary of State use only IDAHO SECRETARY OF STATE  86/84/2991 @9:09 CK: 1336 CT: 147141 BH: 400678
Signature: (Sugger Charges	
Printed Name: <u>CREGORY C. CHAPMAN</u>	Romstabn formstabn formsta
Capacity: DWNER / OPERATOR	DU5755