

Capacity/Title: \_\_\_\_\_\_\_\_

(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED/EFFECT

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Top Quality Construction 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 Kevin A. Williams Pap 672, 256 Bluelakes Blod N. Twin Falls It. 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade (X) Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment (208)420-2150 CODV IS (if other than # 4 above): Secretary of State use only Signature: Murin Printed Name: Mevia D. 111:11

**IDAHO SECRETARY OF STATE** 08/14/2002 05:00 CK: 179 CT: 158010 BH: 482660 20.00 = 20.00 ASSUM NAME # 2

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