

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED/EFI-DCT/FE

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.



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NOTE. See manachons on tovorce believe		
The assumed business name which the under business is:		
Stevens Stumpgrinding	Service	<u> </u>
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:		
<u>Name</u>	<u>C</u>	omplete Address
Dean & Carla Stevens	3 or 15	27
	Priest	River ID 83856
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction		
<ul> <li>Wholesale Trade</li></ul>		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	i,	Secretary of State 700 West Jefferson Basement West PO Box 83720
Stevens Stumpghinding Service Box 1527	l :	Boise ID 83720-0080 208 334-2301
Priest River ID83856	 . F	Phone number (optional):
<ol><li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li></ol>	•	(208)448-2342
		Secretary of State use only
Signature: Head toward  Printed Name: H. Dezn Stevens  Capacity/Title: 6 () ner/operator  (see instruction # 8 on back of form)	g toop toms abn forms abn p65 Revised 09/2002	IDAHO SECRETARY OF STATE  10/02/2002 05 = 00  CK: 1573 CT: 158010 BH: 524608  1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)		J 5X 111X