| | CERTIFICATE OF ASSUM (Please type or print legibly. S | MED BUSINESS NAME ee instructions on reverse) | |
|--|---|---|--|
| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. | | | |
| 1. | 1. The assumed business name which the undersigned use(s) in the transaction of business is: Electric Service a Controls | | |
| | EICOTTIC Service | a Controls | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | |
| | | Complete Address 3041 Chinden Blud, Boise 83714 | |
| | (63986) | | |
| 3. | The general type of business transacted un (mark only those that apply) | der the assumed business name is: | |
| | Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining | |
| | correspondence should be addressed: | hone number (optional): 342-638/ | |
| | Boise, ID 83714 | Submit Certificate of Assumed Business Name and \$20.00 fee to: | |
| | Name and address for this acknowledgmen copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| | | Secretary of State use only | |
| | | IDAHO SECRETARY OF STATE 91/94/2899 89:89 | |
| Signature: XXXX 13/31 Lis licose shi 2/6257 | | | |
| Printed Name: Flore M. Bellony & D 31837 | | | |
| Capacity: Capacity: See instruction # 8 on back of form) | | | |