



# 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 filing.

FILED EFFECTIVE

2005 OCT 31 AM 10:11

SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

G-Force Construction and Painting

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

Gary Michael Watson Jr.

133 N. 4100 E. Rigby, ID 83442

Michele Dawn Watson

133 N. 4100 E. Rigby, ID 83442

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Gary and/or Michele Watson

133 N. 4100 E. Rigby, ID 83442

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Gary and/or Michele Watson

296 E. 1st S. Rigby, ID 83442

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Gary M. Watson Jr.

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

Owner

(see instruction # 8 on back of form)

9/10/01 form slabin form slabin p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/31/2005 05:00  
CK: 5412 CT: 150010 BH: 919732  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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