



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
02 APR 17 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

Four Square Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u> | <u>Complete Address</u> |
|------------------------------|-------------------------|
| <u>Nicholas Byron Murphy</u> | <u>HCR 60 Box 23-A</u> |
| <u></u> | <u>Bonners Ferry ID</u> |
| <u></u> | <u>83805</u> |

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 type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Nick Murphy
HCR 60 Box 23-A
Bonners Ferry ID 83805

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

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

Phone number (optional):

Signature: Nicholas B Murphy

Printed Name: Nicholas B Murphy

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\labn form\slabn p65 Revised 01/2001

IDAHO SECRETARY OF STATE
04/17/2002 05:00
CK: 1025 CT: 150010 BH: 459078
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 54082