



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.
Instructions are included on back of application.

FILED EFFECTIVE

2015 MAR -4 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

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

Residential Renovations

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> |
|--------------------------|---|
| Kevin Moline | 1920 Crestmont Dr. Meridian, Id. 83646 |
| <u>PATRICIA SCHEELER</u> | <u>10901 W Bumblebee DR.</u> <u>Boise ID 83713</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 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Kevin Moline
1920 Crestmont Dr.
Meridian, Id 83646

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

Signature: Kevin Moline

Printed Name: Kevin Moline

Capacity/Title: Owner

Signature: Patricia Scheeler

Printed Name: PATRICIA SCHEELER

Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2015 05:00
CK: 8753 CT: 307194 BH: 1464465
1@ 25.00 = 25.00 ASSUM NAME #2

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