



# CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **11 JUL 21 AM 9:19** submits for filing a certificate of Assumed Business Name.

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Hammerdown Wood Products

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          |
|---------------------|---------------------------|
| <u>Stacy S Hunt</u> | <u>PO Box 145</u>         |
| <u></u>             | <u>Arnsarka, Id 83520</u> |
| <u></u>             | <u></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 type="checkbox"/> Agriculture                         |
| <input checked="" 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:

Stacy Hunt Hammerdown Wood Products  
PO Box 156  
Arnsarka, Arnsarka, Id 83520

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

American West Bank  
PO Box 2258  
Orford, Id 83544

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

*[Handwritten Signature]*  
(signature required)

Printed Name: STACY S HUNT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Phone number (optional): \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
07/21/2011 05:00  
CK: NO CK # CT: 260834 BH: 1283323  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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