



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 SEP 13 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

HARMONY BUILDERS

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

DOUGLAS MUSE

289 SILKWOOD DR POST FALLS, ID 83854

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☒ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

HARMONY BUILDERS
289 SILKWOOD DR
POST FALLS, ID 83854

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

Signature: Douglas Muse

Printed Name: DOUGLAS MUSE

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
 09/14/2010 05:00
 CK: 1500 CT: 150010 BH: 1230020
 1 @ 25.00 = 25.00 ASSUM NAME # 2