

Printed Name: _____

Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2015 SEP -8 AM 11: 14
STATE OF STATE

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> addr business under the assumed business Name	ress(es) of the entity or individual(s) doing ss name: Complete Address
David P. Murray	620 Main St. Unit No. 2 Sandpoint, ID. 83864
Retail Trade Transpo	
Services Agricul Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
4. The name and address to which futu correspondence should be addresse Bonner Snow Removal Services	ed: 450 North 4th Street PO Box 83720
620 Main St. Unit No. 2 Sandpoint, ID. 83864	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
	Secretary of State use only
ignature:rinted Name:PAUD_P. MU	
Capacity/Title: General Manager	IDAHO SECRETARY OF STATE
Signature:	<u> </u>

CK:1472 CT:314310 BH:1491349 1@ 25.00 = 25.00 ASSUM NAME #2

