

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

___ AUG 17 AM 8:58

SECRE DRY OF STATE STATE OF IDAHO

<u>Ple</u>	ease type or print legibly.	
Instructions a	are included on back of appl	ication.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name	Magic \	Valley Siding
Retail Trade	business under the assumed business na <u>Name</u>	me: Complete Address
Services	Retail Trade Transportatio	on and Public Utilities
correspondence should be addressed: Joe R Thompson 203 7th Ave E Twin Falls, ID 83301 5. Name and address for this acknowledgment copy is (if other than # 4 above): First Federal Bank- ATT: Robyn Sabins 383 Shoshone St. Twin Falls, ID 83301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
5. Name and address for this acknowledgment copy is (if other than # 4 above): First Federal Bank- ATT: Robyn Sabins 383 Shoshone St. Twin Falls, ID 83301 Secretary of State use only Printed Name: Noe R Thompson Capacity/Title: Owner	correspondence should be addressed: Joe R Thompson	450 North 4th Street PO Box 83720 Boise ID 83720-0080
Twin Falls, ID 83301 Secretary of State use only Printed Name: loe R Thompson Capacity/Title: Owner	COPY IS (if other than # 4 above):	
Signature: Secretary of State use only Printed Name: Oe R Thompson Capacity/Title: Owner		
Capacity/Title: Owner	Signature:	Secretary of State use only
	•	
Compression of the Compression o	Signature:	IDANO SECRETARY OF STATE

abn.pmd Rev. 07/2010

CK: 23025790 CT: 261618 BH: 1286811 1 9 25.00 = 25.00 ASSUM NAME # 2

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