

CERTIFICATE OF ASSUMED BUSINESS NAME

	CERTIFICATE OF	3.
	ASSUMED BUSINESS I	NAME undersigned iness Name.
	Pursuant to Section 53-504, Idaho Code, the t	indersigned
Q19	submits for filing a certificate of Assumed Bus	ness Name.
	Please type or print legibly. Instructions are included on back of applic	ation.
1. The assumed business name which the undersigned use(s) in the transaction		rsigned use(s) in the transaction of
	business is:	
	Strunk's Siding	
2	The true name(s) and <u>business</u> address(es) of	of the entity or individual(s) doing
	business under the assumed business name:	
	<u>Name</u>	Complete Address
	DOD A STRUCK	11 W 5005, Jerone, 10833
	Carla Strunk	11 M 5005, Jerome, ID8333
3	The general type of business transacted under	er the assumed business name is:
Ų.		nd Public Utilities
	☐ Wholesale Trade ☐ Construction	
	Services Agriculture	,
	☐ Manufacturing ☐ Mining	Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4		realine and \$20.00 fee to.
	The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street
	Ocio A Same V	PO Box 83720
	PLIN FORS	Boise ID 83720-0080
	TOLOMOTO SESSE	208 334-2301
5	Name and address for this acknowledgment	
	COPY is (if other than # 4 above):	
		· ·
		Secretary of State use only
Signat	ture: Don 4 Strill	
•	d Name: Don A. Strunk	
Capacity/Title: Cweney		
Signature: Caska Ottuna IDAHO SECRETARY OF STATE		
Printed Name: Carla Strunk CK: 951 CT: 275976 BH: 1342947		
Capacity/Title: Owner 25.88 ASSUM HAME # 2		
- apacity time. United		

abn.pmd Rev. 07/2010

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