

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

21		<u>r. 02/</u> 03
	CERTIFICATE OF	FIL
	ASSUMED BUSINESS NAM	ME FILEDIE
7	Pursuant to Section 53-504, Idaho Code, the undersity submits for filling a certificate of Assumed Business N	gned
Please type or print legibly.		
NOTE: See Instructions on reverse before tiling.		
1. The assumed business name which the undersigned use(s) in the transaction of business is:		
	FRICK'S CONSTRUCTION	4 DESIGN
<ol> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed <u>business</u> name:</li> </ol>		entity or individual(s) doing
!	Name	Complete Address
	FRICKS FINE 104	SQ LAKEVIEW DR.
	FURNITURE, TNC, Ha	yden lake ID.
	(C-79492)	83835
3.	The general type of business transacted under the assumed business name is:	
	Retail Trade Transportation and Po	ıblic Utilitles
	Wholesale Trade Construction	
	Sorvices Agriculture  Manufacturing Mining	Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
4,	The name and address to which future	Secretary of State
	correspondence should be addressed:	700 West Jefferson
	10950 LAKEVIEW DR.	Basement West PO Box 83720
	Hayden Lake ID.	Boise ID 83720-0080
	\$3835	208 334-2301
5.	Name and address for this acknowledgment	Phone number (optional):
	CODY 18 (if other than # 4 above):	268-772-3/62
		Secretary of State use only
0:44-1	- T- 001. \ 0/11.	***
Signature: Told Walk ED 15 0807		
Printed Name: TODD WAIKER 5		
Capac	I Namo: TODD WAIKER ity/Title: PRESSDENT (300 instruction # 8 on back of form)	
	A CONTRACT OF THE PARTY OF THE	IDAHO SECRETARY OF STATE
		CK: 6832 CT: 154616 BH: 437AR9
		1 " 20.00 = 20.00 ASSUM NAME # 2