

Printed Name: \_ fra vi S

(see instruction #8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIV

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

SEP 10 PM 12: 26

STATE OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of	
business is:  Blank Construction	
2. The true name(s) and <u>business</u> address(es) of the ent business under the assumed business name:  Name  Travis Blank Lisa Blank Sile with	ity or individual(s) doing  Complete Address  OAInut Dr. Caldwell, Id 8360  Inut Dr. Caldwell, Id 8360 5
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 \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Blank Construction  SIG WAING + DR	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
ignature: <u>LAAU 5</u> Black Company Compa	TANIO CECDETADY DE CTOTE

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IDAHO SECRETARY OF STATE

(29/10/2002 05:00

CK: 1050 CT: 152277 BH: 487323

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