



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 AUG 13 AM 8:21
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Formula Construction

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Clint Hinkley</u>	<u>P.O. Box 304</u>
<u></u>	<u>716 East Pine St.</u>
<u></u>	<u>Bellevue, Idaho 83313</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Clint Hinkley
P.O. Box 304
Bellevue, ID 83313

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than #4 above):

Signature: *Clint Hinkley*

Printed Name: Clint Hinkley

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

8/verpformstaben form-staben.pdf Revised 04/2008

IDAHO SECRETARY OF STATE
08/13/2009 05:00
CX: 211 CT: 239622 DN: 1102721
1 @ 25.00 = 25.00 ASSUM NAME # 2

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