



# 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.**

03 AUG 27 PM 2:42

SECRETARY OF STATE  
STATE OF IDAHO

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

MITCH HUBIJAR DRY WALL

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

<u>Name</u>	<u>Complete Address</u>
<u>MIRSAD HUBIJAR</u>	<u>11650 W HAILEY AVE.</u>
<u></u>	<u>BOISE ID 83713</u>
<u></u>	<u></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:

11650 W HAILEY AVE.  
BOISE ID 83713

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

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):

703-0594

Signature: \_\_\_\_\_

(signature required)

Printed Name: MIRSAD HUBIJAR

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

Secretary of State use only

068400

IDAHO SECRETARY OF STATE  
08/27/2003 05:00  
CK: 8272479389KAH CT: 172099 BH: 698681  
1 @ 25.00 = 25.00 ASSUM NAME # 2