

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

CERTIFICATE O	F FILLD EFFECTIVE
ASSUMED BUSINES	20 NA NA = 200 (200 )
Pursuant to Section 53-504, Idaho Code,	· · · · · · · · · · · · · · · · · · ·
submits for filing a certificate of Assumed	Business Name.
Please type or print legibly.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
NOTE: See instructions on reverse bef	fore filing.
	10 1E
<ol> <li>The assumed business name which the u</li> </ol>	indersigned use(s) in the transaction of
business is:	0 6 7 10
Monard Marble	6 Granite
2. The true name(s) and business address(e	
business under the assumed business na Name	
	Complete Address
Joshua Stebbins	674 A St, Sandpoint 10 83864
3. The general type of business transacted u	under the assumed husiness name is:
5. The general type of business transacted to	ander the assumed business fiame is.
Retail Trade Transportation	on and Public Utilities
☐ Wholesale Trade	า
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and COE OD for to
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State 700 West Jefferson
correspondence should be addressed.	Basement West
6-14 AST	PO Box 83720
Sandpoint 10 1999 83864	Boise ID 83720-0080 208 334-2301
	200 334-2301
5. Name and address for this acknowledgm	nent Phone number (optional):
COpy is (if other than # 4 above):	Territ Mariber (optional).
[	
	Secretary of State use only
	D73513
Signatura: John At IV	(2) (2)
Signature: (signature required)	IDAHO SECRETARY OF STATE
Printed Name: Joshua Stebbins	IDAHO SECRETARY OF STATE  92/27/2004 05:00  CK: 2005 CT: 150010 BH: 729013  1 8 25.80 = 25.80 050100 MANGE # 2
Capacity/Title:	IDAHO SECRETARY OF STATE  92/27/2004 05:00  CK: 2005 CT: 150010 BH: 723013  1 9 25.00 = 25.00 ASSUM NAME # 2