

Printed Name: ANTH

Capacity/Title: <u>へいいん</u>に

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED/EFFECTIVE

02 SEP -6 PM 1:06

STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the business under the assumed business name:  Name  ANTHONY CORN FORD  185	
3. The general type of business transacted under the	
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Services</li> <li>☐ Manufacturing</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  TWO CONSTRUCTION  INDEED 1850 PARK CENTRAL  MOUNTAIN HOME IL. 83647	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): 208-587-6626
nature:	Secretary of State use only

IDAHO SECRETARY OF STATE

99/06/2002 05:00

CK: CASH CT: 158010 BH: 486792
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