

Printed Name:

Capacity/Title:_

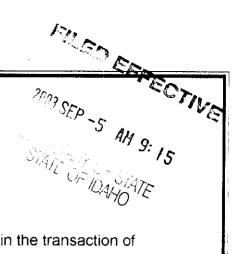
Owner / Manager

(see instruction # 8 on back of form)

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.



G & L RENOV	ATIONS
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Leslie G. (Glenn) Hudson	5128 E. Denning Avenue
	Iona, ID. 83427
	(P.O. Box #683 / Iona, ID. 83427)
 Wholesale Trade ✓ Construction ✓ Services ✓ Agriculture ✓ Manufacturing ✓ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: ✓ P.O. Box #683 ✓ Iona, ID. 83427 	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
Name and address for this acknowledgment copy is (if other than #4 above): Same as above	Phone number (optional): (208) 542-6386
	Secretary of State use only
ture: Sulle Slucker (signature required) d Name: Leslie G. (Glenn) Hudson	

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