

FILED EFFECTIVE

227



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

2010 APR -1 PM 2:48

SECRETARY OF STATE
STATE OF IDAHO

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.

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

Archibald Plumbing

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

Brad D. Archibald

843 N. 5th West - Rexburg ID 83440

Sherry L. Archibald

843 N. 5th W. Rexburg 83440

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 checked="" 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:

843 N. 5th West

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: Brad D. Archibald
(signature required)

Printed Name: Brad D. Archibald

Capacity/Title: Owner

(see instruction # 8 on back of form)

Information Form 45
Revised 04/2003

Secretary of State use only

D138161

IDaho SECRETARY OF STATE
04/01/2010 05:00
CK: 412839 CT: 172099 DH: 1215810
1 # 25.00 = 25.00 ASSUM NAME # 2