

Capacity/Title:\_

(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.

2008 MAR 20 AM 10: 0L

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of

usiness under the assumed business n Name Clint Hogwood	Complete Address 1802 Hertz Fruitlend Id 8361
	d under the assumed business name is:
<ul> <li>✓ Wholesale Trade</li> <li>✓ Constructi</li> <li>✓ Agriculture</li> <li>✓ Manufacturing</li> <li>✓ Mining</li> <li>✓ Finance, Insurance, and Real Est</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
1802 Heitz Fruitlend Id 83619	(208) 334-2301
Name and address for this acknowled copy is (if other than #4 above):	gment
	Secretary of State use only

CK: 1885 CT: 158918 BH: 1185675 1 8 25.88 = 25.88 ASSUM NAME # 2

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