CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

(see instruction # 8 on back of form)

SECRETATION OF STATE OF LONGO

Handyman Services	
The true name(s) and business address(es) of business under the assumed business name	:
Name	Complete Address
Eugene Binkley	612 S 7th St. Maries, ID 83861
The general type of business transacted und	er the assumed business name is:
 Wholesale Trade ✓ Construction Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Gene Binkley	PO Box 83720
612 S 7th St. Maries, ID 83861	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-245-5755
	Secretary of State use only
nature: Cent Bill (signature required) nted Name Gene Binkley pacity/Title: Owner	1DAHO SECRETARY OF STA

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