



# 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.**

## FILED EFFECTIVE

06 FEB -3 PM 1:50

SECRETARY OF STATE  
STATE OF IDAHO

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

R.R. + R Repair

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

|                        |   |
|------------------------|---|
| <u>Ray Bigelow Sr.</u> | <u>1433 Kingswood Ave Meridian Id 83642</u> |
| <u>Ray Bigelow Jr.</u> | <u>1433 Kingswood Ave Meridian Id 83642</u> |
| <u>Richard Stevens</u> | <u>1053 Fairwood Ct Meridian Id 83642</u>   |

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 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:

Ray Bigelow Sr.  
1433 Kingswood Ave  
Meridian Id 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone number (optional):  
703

1-208-278-4553

Secretary of State use only

Signature: \_\_\_\_\_

Ray Bigelow Sr.  
(signature required)

Printed Name: \_\_\_\_\_

RAY BIGELOW SR.

Capacity/Title: \_\_\_\_\_

partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
02/03/2006 05:00  
CK: CASH CT: 150010 BH: 935948  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 96175