

Capacity/Title:\_\_\_

**OWNER** 

(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.

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF DARK

Please type or print legibly. NOTE: See instructions on reverse before filing.

MENDO	OZA MASONRY
The true name(s) and business address(     business under the assumed business na	(es) of the entity or individual(s) doing ame:  Complete Address  624 SUNFLOWER RD, REXBURG, ID 83440
Wholesale Trade 🗹 Construction	on and Public Utilities
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estat</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> <li>624 SUNFLOWER RD</li> </ol>	Secretary of State 700 West Jefferson Basement West
REXBURG, ID 83440	PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	nent Phone number (optional):  208-351-3290
	Secretary of State use only
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95/10/2007 95:00

CK: 56489814865 CT: 158818 BH: 1052693

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