

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Printed Name:

Signature:

2017 MAR -2 AM 8: 54

1.	SECRETARY OF STATE STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is:					
	Stone Inspections and Backflow Testing					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Daniel J Stone	2343 Castle Dr, Twin Falls ID 83301				
	(Name)	(Address)				
	(Name)	(Address)				<u></u>
	(Name)	(Address)			<u> </u>	
	(Name)	(Address)		•		<u> </u>
3.	The general type of business transacted under the assumed business name is:					
	☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing	I	Mining	tation and Public U	
4.	Mailing address for future correspondence:			Name and addr	ess for this acknow	vledgment
	DJ Stone					
	(Name) 2343 Castle Dr			(Name)		
	(Address)			(Address)		
	Twin Falls, ID 83301					
	(City)	(State) (Zipcode)		(City)	(State)	(Zipcode)
Pri	inted Name: Daniel J Stone)		Secr	etary of State use only	
Signature: Signature: Signature:				TDAHC	SECRETARY OF STAT	n p
				03/02/2017 05:00 CK:45789 CT:335397 BH:1571477 16 25:00 = 25:00 ASSUM NAME #2		
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