

Printed Name: 1/2 /c

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. Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 MAY -4 PM 12: 50

SECRETARY OF STATE STATE OF IDAHO

- Sargent Cont	exprises
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Dickie & Sargent #0	he entity or individual(s) doing  Complete Address  33 N. 15 E., Idaho Falls  83401
Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Construction Agriculture  Mining  Finance, Insurance, and Real Estate  Lichie E. Sargent  HO32 North 25 th East  Idaho Falls, In T3401	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only

IDAHO SECRETARY OF STATE 95/94/2996 95:99 CK: 289441689 CT: 1294 BH: 952987 1 @ 25.80 = 25.80 ASSUM NAME # 2