

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.

OWNEY-

(see instruction # 8 on back of form)

Capacity/Title:____



1. The assumed business name which the undersigned business is: Clearwater Drain Clea	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Cichard J. Hadman 3768	ntity or individual(s) doing Complete Address
 3. The general type of business transacted under the and Retail Trade ☐ Transportation and Pull ☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Saw C 31684 Clearwater View DV LNOVE ☐ By 4 5. Name and address for this acknowledgment copy is (if other than # 4 above): 	
Signature: Recharge Hichard - Ikir man	IDANO SECRETARY OF STATE 96/09/2003 05:00 CK: 843318670 CT: 158010 BH: 6848 1 25.00 = 25.00 ASSUM NAME #