

227



# 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**

2007 JAN -5 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

CERTIFIED SERVICES OF IDAHO

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

Dan McLean

Box 9445

Kuys, ID 84037

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 type="checkbox"/> Construction
<input checked="" 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:

Certified Services of Idaho  
1721 So Hwy 77  
Malta Idaho, 83342

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

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

Phone number (optional):

208-633-5557  
ext 544-7766

Secretary of State use only

Signature:

Dan McLean

(Signature required)

Printed Name: Daniel McLean

Capacity/Title: Manager

(see instruction # 8 on back of form)

Information Form 53-1083  
Rev. 10-2003

IDAHO SECRETARY OF STATE  
01/05/2007 05:00  
CK: 1012198 CT: 172099 BH: 1024117  
1 0 25.00 = 25.00 ASSUM NAME # 2

106858