



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 MAY 24 PM 1:14

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Gruff construction

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

Michael Devens

1296 BACALL<sup>ST</sup> Meridian ID. 83646

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 checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

1296 BACALL<sup>ST</sup> Meridian ID  
83646

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

1296 BACALL<sup>ST</sup> Meridian ID. 83646

Phone number (optional):

208-697-6600

Secretary of State use only

0111730

IDAHO SECRETARY OF STATE

05/24/2007 05:00

CK: CASH C1: 150010 BH: 1055706  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: *[Signature]*

(signature required)

Printed Name: Michael P. Devens

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)