

Printed Name: \_\_\_

Capacity/Title:

Stevic

CEO

(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.

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Please type or print legibly.

SECRETARY OF STATE STATE OF IDAHO

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The true name(s) and business address(es) of the business under the assumed business name:  Name  Stevic Spevak	e entity or individual(s) doing Complete Address /レスミ 300〜 パットペナニ
The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and f Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Stevie Scott Speurk 1626 300 5 Rupert Ida 83350	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 206 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-431-2912