

## **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.

(see instruction # 8 on back of form)



D63431

Stan Scott And Sons	
2. The true name(s) and <u>business</u> address(es business under the assumed business name	s) of the entity or individual(s) doing ne:
Name	Complete Address
Stanley H. Scott	4730 N. 18th East Mtn. Home, Id. 86
Elliot S. Scott	5114 Golden view Dr. Star Id. 83669
	520 E. Lake Hazle Rd. Meridian
3. The general type of business transacted un	Id. 83642
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Finance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Stanley H. Scott  4730 N. 18th East Mtn. Home Id. 83647	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgments (if other than # 4 above).</li> </ol>	nent Phone number (optional):
	Secretary of State use only
gnature two less catherinted Name: Stat Wiff Scott	IDAHO SECRETARY OF STATE  03/13/2003 05:00  CK: 1034 CT: 158010 BH: 668259  1 0 20.00 = 20.00 ASSUM NAME #