## **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.

Z013 OCT -4 PM 2: 18 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersign business is:      Custer Septic Service	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Hills Home Repair LLC Home  W 56020	Complete Address 6.3 Rox 1738 Challis, 10 83226
3. The general type of business transacted under the  Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Hills Home Repair BBA Custo Septic Smile HC 63 Box 1738 Challis, TA 83276  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
Signature: Susan & Will	Socretary of State use only
Printed Name: Susaw Suill	
Capacity/Title: Member	
Signature:	
Printed Name:	730UB
Capacity/Title:	IDAHO SECRETARY OF STATE 19/04/2013 05:00 CK: 1572138 CT: 172899 DN: 200
2012 ***********************************	CK: 1572138 CT: 172099 BH: 1392868 1 0 25.00 = 25.00 ASSUM NAME # 2

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