Capacity:

OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



	STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is:	
	SPACE BUILDERS	
2.	The true name(s) and business address(e business under the assumed business name Name	es) of the entity or individual(s) doing me is/are: Complete Address 2022 GRELLE AVE. LEWISTON, ID 83501
	The general type of business transacted u	
	(mark only those that apply) Retail Trade	Finance, Insurance, and Real Esta
4	The name and address to which future	
4.	correspondence should be addressed: SHAWN HASENOEHRL 2022 GRELLE AVE.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	SHAWN HASENOEHRL	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	SHAWN HASENOEHRL 2022 GRELLE AVE. LEWISTON, ID 83501 Name and address for this acknowledgment	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720

ATE 7 30.00