



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 DEC 11 AM 9:20

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

SECRETARY OF STATE
STATE OF IDAHO

STORMRIDER CONSTRUCTION

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Don Cummings

19 Stormrider Rd Salmon, ID 83467

Phone 208-993-3540

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

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

19 Stormrider Road

Salmon, ID, 83467

Printed Name: Don Cummings

Signature: Don Cummings

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2017 05:00

CK:1701 CT:349514 BH:1615660
10 25.00 = 25.00 ASSUM NAME #2

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