

Printed Name:

Capacity/Title:

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing. 07 JUN -6 PM 12: 34

SECRETARY OF STATE STATE OF IDAHO

| The true name(s) and business address(es) of | EDGE TOOL the entity or individual(s) doing |
|---|---|
| business under the assumed business name: Name | Complete Address |
| | 2431 S. CHINAPAPIOS P. |
| | MERIDIAN ID. |
| | 83647 |
| Retail Trade Transportation and Wholesale Trade Construction Services Agriculture | |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| | Secretary of State |
| The name and address to which future correspondence should be addressed: | 700 West Jefferson Basement West PO Box 83720 |
| | Basement West |
| The name and address to which future correspondence should be addressed: | Basement West PO Box 83720 Boise ID 83720-0080 |

2005/C