



**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.

1-14-05 2:19PM: 15

STATE  
IDAHO

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

Combs Construction

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Adam Combs Construction 24639 Haskins Rd. Wilder  
Adam Combs Id. 83676

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

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

4. The name and address to which future correspondence should be addressed:

Adam Combs  
24639 Haskins Rd. Wilder  
Id. 83676

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Same as #4

Phone number (optional):

337-4469

Secretary of State use only

Signature: Adam Combs

(Signature required)

Printed Name: Adam Combs

Capacity/Title: Owner

(see instruction #8 on back of form)

Information Form 100  
Revised 04/2000

IDaho SECRETARY OF STATE  
01/24/2005 05:00  
CK: 465828 CT: 172099 BH: 788830  
1 @ 25.00 = 25.00 ASSUM NAME # 3

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