



## 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.

(see instruction #8 on back of form)

1. The assumed business name which the under business is:  Mile High Contractor 5:	
2. The true name(s) and business address(es) or business under the assumed business name:  Name  Name  Noel Care	f the entity or individual(s) doing  Complete Address  1109 ALPINE Street McCall, I
3. The general type of business transacted unde  Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    hex 1164   mccall   T.D	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: A Cox  Printed Name: A Cox  Capacity/Title: OWNY	Secretary of State use only  IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 95/06/2004 05:00 CK: 1001 CT: 150010 BH: 743393 1 0 25.00 = 25.00 ASSUM NAME # 2

D76096