S

Capacity/Title:__

(see instruction # 8 on back of form)



CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersigned EFFECTIVE submits for filing a certificate of Assumed Business Name. Please type or print legible.

05 APR 29 PM 2: 29

NOTE: See instructions on reverse before filing.

SECRETAL OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is: \[\text{\text{\$\subset} \text{\$\subset\$ever} \text{\$\subset}} \]	
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name: Name Adrian Cryerreso 150 Name	Complete Address
3. The general type of business transacted under the ☐ Retail Trade ☐ Transportation and Pu ☐ Wholesale Trade ☒ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: FORM (CVEY/CYO) 1500 PRINTER DEEN DR DR PRINTER DEEN DR DR PRINTER DEEN DR PRINT	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):	Phone number (optional):
gnature: Advant (signature required) rinted Name. Portan (vocinera Vocinera)	IDAHO SECRETARY OF STATE 94/29/2005 95:00 CK: 524480 CT: 172099 BH: 807590 1 8 25.00 25:00 ASSIM NAME # 2