

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 SEP 14 PM 3: 54 SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: CHIVEL EXCAVATION 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 Jason morris 911 E. pine AVE. meridian, 11) 83642 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade X Construction Services Agriculture Submit Certificate of Manufacturing \_\_\_ Mining **Assumed Business** Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 911 E. Pine AVE Boise ID 83720-0080 Melidian SD 83642 208 334-2301 5. Name and address for this acknowledgment CODY is (if other than # 4 above). Secretary of State use only Signature: IDAHO SECRETARY OF STATE Printed Name: Jason morris 09/14/2015 05:00 CK: 3205044 CT: 172099 BH: 1492240 Capacity/Title: owner  $10\ 25.00 = 25.00 \text{ ASSUM NAME } #2$ Signature: Printed Name: \_\_\_\_\_

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Capacity/Title: