

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name to the SECRETARY OF STATE  
STATE OF IDAHO



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

ORE FLOOR Care

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

Jeff Orr Name

Complete Address

P.O. Box 22

Hansen, ID 83334

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): \_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 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):

D.L. Evans Bank

P.O. Box 81

Twin Falls ID 83303

Signature: Jeff Orr

Printed Name: Jeff Orr

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

02/12/2001 09:00  
CX: 952991 CT: 24085 BH: 378394

1 @ 20.00 = 20.00 ASSUM NAME # 2

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