

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

SEGRE STATE OF STATE

94467

	<u>Please type or print legibly.</u>
NOTE:	See instructions on reverse before filing.

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business na Name	ame: <u>Complete Address</u>	
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DADID DURGIN		
	on and Public Utilities	
 ✓ Wholesale Trade ☐ Constructio ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat 	Submit Certificate of Assumed Business	
4. The name and address to which future correspondence should be addressed: CARRIA DURLING S485 RAST DELFLAT ROAD Luna to 83634	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Name and address for this acknowledge copy is (if other than # 4 above):		
- 27	Secretary of State use only	
nted Name: D+v.D Dozu	- \$60	