

Printed Name:_

Capacity/Title:_

Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 DEC-30 AM ID: 19

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business nar		
Name	Complete Address	
Ronald L Lester	1793 E. Spinnaker, Bojse, ID 83708	
	144	A A
The general type of business transacted u	inder the assumed business name is:	•
	inder the assumed business name is.	
	on and Public Utilities	
Wholesale Trade Construction		
✓ Services	Submit Certificate of	
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:	
Finance, Insurance, and Real Estate		
The name and address to which future	Idaho Secretary of State 450 N 4th Street	
correspondence should be addressed:	PO Box 83720 ** Bolse ID 83720-0080	
Ronald L Lester	\$	
1793 E Spinnaker	(208) 334-2301	
Boise, ID 83706		
Name and address for this acknowledgm	nent	
COPY is (if other than # 4 above):	•	* 3
	Secretary of State use only	

IDAHO SECRETARY OF STATE 12/30/2009 05:00

D135844