Capacity/Title:

227



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.

2011 JUN -7 PM 3: 24

D148162

SECRETARY OF STATE STATE OF IDAHO

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

business under the assumed busines	
Name	Complete Address
Vincent Polis	703 10th Street
Pamela Polis	Lewiston ID 83501
<u> </u>	ted under the assumed business name is:
	ntation and Public Utilities
Wholesale Trade ☐ Constru☐ Services ☐ Agricult	
	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real E	State Name and \$25.00 fee to:
4. The name and address to which futur	
correspondence should be addressed	d: 450 North 4th Street
Vincent Polis	PO Box 83720
703 10m Street	Boise ID 83720-0080 208 334-2301
Lewiston, ID 83501	250 55 1 255
5. Name and address for this acknowled	dgment
COPY is (if other than # 4 above).	
	<u></u>
•	
	Secretary of State use only
anaturai Mari	
nature.	
inted Name: Vincard Polis	
apacity/Title General Agent	IDAHO SECRETARY OF STATE
gnature:	06/07/2011 05:00
rinted Name: Parela Palis	CK: 698826 CT: 172899 BH: 1277313

abr.pmd Rev. 07/2010