

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE
Secretary of State Business Entities www.idsos.state.id.us/

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

	1. The assumed business name which the undersigned use(s) in to business is:  Antrican Masoner Fack + Brick.	he transaction of
	2. The true name(s) and <u>business</u> address(es) of the entity or individual business under the assumed business name:  Name  Complete  Toty L Smith 350 E Sand	Address
	4. The name and address to which future correspondence should be addressed:  Secretary of 700 West J Basement N PO Box 837 Boise ID 83 208 334-236  5. Name and address for this acknowledgment A Phone purchase of the correspondence of the corr	rtificate of Business \$25.00 fee to:  of State efferson West 720 720-0080
Pri	Signature: The Secretary (signature required)	Of State use only  AHO SECRETARY OF STATE  21/2005 05:00 86635 CT: 158818 BH: 817853
	(see instruction # 8 on back of form)	38983