

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 SEP -6 AM 9: 36

SECRE OF OF STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

τυ	ICKER FAMILY FAF	₹М
The true name(s) and <u>business</u> add business under the assumed busines Name ROBERT B TUCKER	lress(es) of the e	entity or individual(s) doing <u>Complete Address</u> KE SHORE DR
Wholesale Trade Consti	oortation and Pub ruction	
☐ Services☐ Manufacturing☐ Finance, Insurance, and Real		Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which fut correspondence should be address ROBERT B TUCKER 13575 LAKE SHORE DR		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
NAMPA , ID 83686		
5. Name and address for this acknowledge copy is (if other than # 4 above):	edgment	
		Secretary of State use only
gnature: ROBERT & TUCKER	>	0,4992
apacity/Title: OWNER		
gnature: tala Tull		IDAHO SECRETARY OF STATE 09/07/2011 05:0
rinted Name: PAULA J TUCKER		CK: 95 CT: 262219 BH: 128937 1 @ 25.00 = 25.00 ASSUM NAME
apacity/Title: OWNER		

abn.pmd Rev. 07/2010