

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

<ol> <li>The assumed business name which the under business is:</li> </ol>	
Rhoda's Custo	m Builders
The true name(s) and business address(es) or business under the assumed business name:     Name     Walter J Rhoda Jr	f the entity or individual(s) doing  Complete Address  3802 Deloy Dr  Idhao Falls, ID 83401
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  3802 Deloy Dr. Idaho Falls, ID 83401	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 206 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above).	Phone number (optional):  (928) 300-9225
	Secretary of Sinte use only
Signature:	IDAHO SECRETARY OF STATE    DAHO SECRETARY OF STATE   DAHO SECRETARY O