

227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 MAY 30 PM 1:29

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NIGHTHAWK COURT SERVICES & RECOVERY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

THERESA MAE BLEDSOE

1020 W. MAIN ST #340 BOISE, IDAHO 83702

GLEN MICHAEL CASTOR

1020 W. MAIN ST #340 BOISE, IDAHO 83702

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PO BOX 1344 EAGLE, IDAHO 83616

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Theresa M. Bledsoe

Printed Name: THERESA MAE BLEDSOE

Capacity/Title: OWNER

Signature: Glen M. Castor

Printed Name: GLEN MICHAEL CASTOR

Capacity/Title: PARTNER

IDAHO SECRETARY OF STATE

05/30/2013 05:00

CK: 1419682 CT: 172099 BH: 1376003

1 @ 25.00 = 25.00 ASSUM NAME # 2

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