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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
HANDY MANDINS	
 The true name(s) and <u>business</u> address(es) business under the assumed business nam 	
Name	Complete Address
Shane Puffing	-
Stane Rusting	309UE 3500N
	Twin Falls Id 53301
3. The general type of business transacted un	
	n and Public Utilities
Wholesale Trade Construction	
Services X Agriculture	Submit Certificate of
Manufacturing	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
S PUETULY	Basement West PO Box 83720
779/2 F 3500 N	Boise ID 83720-0080
	208 334-2301
Twin 19115 18 2301	
5. Name and address for this acknowledgme	ent Phone number (optional):
CODY is (if other than # 4 above).	727-9205
SAME	
	Secretary of State use only
	1080 NO 1080
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Shane Putting	L 1/05/2004 05:00 CK: 3345 CT: 158810 RH: 775095
Capacity/Title: <u>AUN C 2</u>	୍ରିଷ୍ଟ 1 ୧ 25.86 = 25.86 ASSUM NAME # 2