



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.

FILED EFFECTIVE
200 OCT 18 AM 9:46
STATE OF IDAHO

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

Preferred Plumbing and Heating

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
<u>SCOTT G. SMITH</u>	<u>12351 S. Maple Grove Rd.</u>
<u>LYNDA J. SMITH</u>	<u>Kuna ID 83634</u>

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 checked="" type="checkbox"/> Construction |
| <input 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:

12351 S. Maple Grove Rd
Kuna, ID 83634

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
208 334-2301

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

Phone number (optional):

208-562-0189

Secretary of State use only

Signature: Scott Smith

(signature required)

Printed Name: SCOTT SMITH

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\cc\forms\abn\turnstatun.pdf
Revised 04/2005

IDAHO SECRETARY OF STATE
10/18/2004 05:00
CK: 8914 CT: 150010 BH: 771506
1 @ 25.00 = 25.00 ASSUM NAME # 2

D81054