

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.

08 MAR -7 PM 1:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

LAYS Roofing Moss Lerova / a Pressure
Washing

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>Charles Raymond</u>	<u>3930 GOVT WAY</u>
<u>NEWKIRK</u>	<u>SPACE A19 ada id</u>
	<u>83814</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 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:

Charles-Ray-NewKirk
General Delivery
Cover at Alene Idaho 83814

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Charles R. NewKirk

Printed Name: Charles R. NewKirk

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

g:\scipform\statelnform\statelnform.p05
Revised 04/2003

IDAHO SECRETARY OF STATE
03/07/2008 05:00
CK: 2328 CT: 223484 BH: 1183485
1 @ 25.00 = 25.00 ASSUM NAME # 2

D119817