

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 06 JUL 13 AM 9: 21

| submits for filing a certificate of | | OF OTITE | - • |
|--|---|-----------------------------------|----------------|
| Please type or print legibly. | ina. | SECRETARY OF STATE | |
| NOTE: See instructions on reverse before fill | | STATE OF IDAHO | |
| The assumed business name which the undersi | igned u | se(s) in the transaction of | |
| 1. The assumed business name which the cive | • | | |
| business is: | | | |
| A & M SERVICES | | | |
| 2. The true name(s) and business address(es) of | the ent | ity or individual(s) doing | |
| 2. The true name(s) and business address(co) business under the assumed business name: | | | |
| business under the assumed business was Name | | Complete Address | |
| Name | 1906 | TRUMAN | |
| Aret Simon - | NAM | ^ <i>P</i> 2 / 2 / | I |
| | 10 mily | | |
| | | | |
| 3. The general type of business transacted under | r the as | sumed business name is: | |
| 3. The general type of business transacted under | , (110 00 | | |
| □ Transportation at | nd Publ | lic Utilities | |
| Relatifiade | | | i |
| Wholesale Hade Agriculture | ſ | Submit Certificate of | |
| Services | 1 | Assumed Business | |
| Manufacturing Mining | | Name and \$25.00 fee to: | |
| Finance, Insurance, and Real Estate | | | |
| | j | Secretary of State | |
| The name and address to which future correspondence should be addressed: | | 700 West Jefferson Basement West | |
| correspondence should be dealer | | PO Box 83720 | |
| Aror Simon | | Boise ID 83720-0080 | ··· • |
| 1908 TRUMAN | | 208 334-2301 | |
| NAMEN Tel 83686 | | | Į. |
| 1047 | | Phone number (optional): | |
| 5. Name and address for this acknowledgmen | IL | 208-283-8996 | |
| copy is (if other than # 4 above). | | 908- 9-D - D 140 |] |
| | | | = |
| | | Secretary of State use only | |
| | \. <u>.</u> | | |
| | 8 <u>6</u> 5 | | |
| () | 1 | | |
| Signature: (signature required) | 104/20 | IDAHO SECRETARY OF STA | ITE CO |
| Printed Name: <u>ART SIMON</u> | formstabn forms Revised 04/2003 | CV. COCH CT. 158R10 BH: | %4726 |
| _: | gricorptormetabn formatabn.p85 Revised 04/2003 | 1 8 25.80 = 25.80 ASSUM | NAME # |
| Capacity IIII | 占 | | |
| (see instruction # 8 on back of form) | | 101730 | <i>?</i> |
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