



# 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  
 2006 DEC-4 AM 9:02  
 STATE OF IDAHO  
 SECRETARY OF STATE

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

CNS DRYWALL

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

Name

CARLOS GARCIA

Complete Address

PO BOX 1238, MOUNTAIN HOME, ID 83647

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:

CARLOS GARCIA

PO BOX 1238

MOUNTAIN HOME, IDAHO 83647

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):

Phone number (optional):

Signature:   

(signature required)

Printed Name: CARLOS GARCIA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Form 53-504  
Rev 04/2003

IDaho SECRETARY OF STATE  
 12/04/2006 05:00  
 CK: 3605 CT: 207017 BH: 1017050  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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