



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

**FILED**

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

Hyde Masonry

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

Name

Complete Address

Tony Hyde

2291 Kingsgate Dr

Paula Hyde

Twin Falls, Id 83301

3. The general type of business transacted under the assumed business name is:

(mark only those that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

2291 Kingsgate Dr.

Twin Falls Id 83301

Submit Certificate of  
Assumed Business  
Name and \$20.00 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/20/1999 09:00  
CX: 230 CT: 1090% RN: 160454

1 @ 20.00 = 20.00 ASSUM NAME B 2

D22500

Signature: Tony Hyde

Printed Name: Tony Hyde

Capacity: OWNER

(see instruction # 8 on back of form)