



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

07 FEB 20 PM 12: 54

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Hidden Valley Remodeling

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

<u>Name</u>	<u>Complete Address</u>
<u>Tracy Lee</u>	<u>11522 Hidden Valley Rim Boise, ID.</u>
<u>Kevin Shoecraft</u>	<u>Same 83709</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:

Tracy Lee / Kevin Shoecraft  
11522 Hidden Valley Rim  
Boise, ID. 83709

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: Tracy Lee

(signature required)

Printed Name: Tracy Lee

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

0108384

IDAHO SECRETARY OF STATE  
02/20/2007 05:00  
CK: 1115 CT: 84156 BH: 1034434  
1 @ 25.00 = 25.00 ASSUM NAME # 2