

Capacity/Title:

e: OWNER
(see instruction # 8 on back of form)

## 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.



business under the assumed business nar  Name  Michael David Damiani  The general type of business transacted up	Complete Address
Michael David Damiani	296 Whitetail Ranch Road
The general type of business transacted up	
The general type of business transacted up	
<ol><li>The general type of business transacted ur</li></ol>	
	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
☐ Wholesale Trade ☒ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Michael Damiani	Basement West
	PO Box 83720
PO. Box 583	Boise ID 83720-0080 208 334-2301
- Ponderay, 10. 83852	200 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
CODY IS (if other than # 4 above).	208-263-8822
	200 20 5 3020
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	Secretary of State use only
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inature: (signature required)  nted Name: Michael D. Damiani	mstabn formstann p55

IDAHO SECRETARY OF STATE 65/16/2005 05:00 CK: 983 CT: 158010 BH: 610714 1 0 25.00 = 25.00 ASSUM NAME # 2

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