

Printed Name:

Capacity/Title:\_\_

e: O(A) me r (see instruction #8 on back of form)

## 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.

OR OCT 21 PH 4: 16 STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  John A Sandy  3	Complete Address  1045 1200 F  HAGER MAN, Idaho  833332
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  X Services Agriculture	
Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:  31045 1200 E  HAGERMAN Ido 1833332	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Phone number (optional):

pVorms\abn forms\a Revised07/2002

IDAHO SECRETARY OF STATE

10/22/2002 05:00

CK: 3989 CT: 158010 BH: 641905

1 @ 20.00 = 20.00 ASSUM NAME # 2

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