

## ED EFFECTIVE **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. 9

	NOTE: See instructions on reverse before filing.	ATC
	2 30	STATE OF IDAHO
1	The assumed business name which the undersigned	
•	business is:	a doc(o) in the transaction of
	> (VIIO)	
	- CUL IEDINA	
_		
2.	The true name(s) and <u>business</u> address(es) of the e	ntity or individual(s) doing
	business under the assumed business name:	
	Name	Complete Address
	Chris C. Highes 61	1 Roosevelt Ave Apt C
	Poro	Mtella Idaha 83301
3.	The general type of business transacted under the a	ssumed husiness name is:
٠.	The general type of business transacted under the d	oddined basiless harre is.
	Retail Trade Transportation and Pub	lic Utilities
	☐ Wholesale Trade ☒ Construction	
	Services Agriculture	
		Submit Control of
	Manufacturing Mining	Assumed Eusiness
	☐ Finance, Insurance, and Real Estate	Name at \$20.00 test to:
Λ	The name and address to which future	Secretary of State
→.	correspondence should be addressed:	700 West Jefferson
	Other (	Basement West
	Chris C. Hugues	PO Box 83720
	611 Roosevell Ave	Boise ID 83720-0080
	0.10 0 1 1	208 334-2301
	Apt C rocatello Lan. 83201	
5.	Name and address for this acknowledgment	Phone number (optional):
	COPY is (if other than # 4 above):	208-681-4368
		And the second s
		Secretary of State use only
gnat	ture: ( L.C. bluees = 8	
.: 1	(signature required)	IDAHO SECRETARY OF STATE
inte	ture: Chk: C. Hugues  d Name: Chris C. Hugues  city/Title: Safety Consultant	05/05/2003 05:00 CK: 1499 CT: 158010 BH: 678732
apac	city/Title: Safety Consultant	1 @ 25.00 = 25.00 ASSUM NAME # 2
•	(1) 1,14h = 16	

Signature: ( (signature required) Printed Name: Chris Capacity/Title: Safety

(see instruction # 8 on back of form)

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