

Capacity/Title:

(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.

06 FEB -7 AM 11:41

Please type or print legibly.

NOTE: See instructions on reverse before filing	SECRETARM OF STATE STATE OF IDAHO
The assumed business name which the undersign business is:	<b>-</b>
J Hernandez Drywo	M
<ol> <li>The true name(s) and business address(es) of the business under the assumed business name:</li> </ol>	entity or individual(s) doing
Name	Complete Address
Loss Hernandez 34	0 88 1/4/6
1/mm	John Home 10 83642
	CONCE IN OUR CE
<ol><li>The general type of business transacted under the</li></ol>	assumed business name is:
Retail Trade Transportation and Pu	ıblic l Itilities
Wholesale Trade Construction	ablic Guaries
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
PO BOX 74	Basement West
100 BOX 79	PO Box 83720
MOUNTAIN HAME, 1082(017	Boise ID 83720-0080 208 334-2301
	200 034-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	200-596-419NI
	200 319-410)
	Secretary of State use only
loca the aud a	
nature: <u>Jose Hernandez</u> (signature required)  Ated Name; <u>bse Hernandez</u> (signature required)	
nted Name: Se Hernandez	IDAHO SECRETARY OF STATE

g.\corp\forms Revise

02/07/2006 05:00 CK: CASH CT: 158010 BH: 936504 1 0 25.00 = 25.00 ASSUM NAME # 2

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