



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 OCT 27 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

THE HANDY SWAN SERVICES

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

Name

Complete Address

CHRISTOPHER L SWANSON

P.O. BOX 2251

POST FALLS ID ~~83854~~

83877

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

CHRISTOPHER L SWANSON

214 E 4TH AVE

POST FALLS ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

CHRISTOPHER L SWANSON

214 E 4TH AVE

POST FALLS ID 83854

Signature: 

Printed Name: CHRISTOPHER L SWANSON

Capacity/Title: OWNER/OPERATOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2014 05:00

CK:17073659752 CT:265113 BH:1446818

1@ 25.00 = 25.00 ASSUM NAME #2

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