

227

## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 JUN -9 PM 1: 57

SECRETARY OF STATE STATE OF IDAHO

1	The assumed business name which the undersigned use(s) in the transaction of business is:					
••	957 Self Loading	and which are and roles	(10 dd dd (0) 111 d 10			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Josh A. Buell	245 S. 9th St., St. M	S. 9th St., St. Maries, ID 83861			
	(Name)	(Address)				
	(Name)	(Address)	······································	· · · · · · · · · · · · · · · · · · ·		
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	<ul><li>☐ Retail Trade</li><li>☐ Wholesale Trade</li><li>☒ Services</li></ul>	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>	Mini	sportation and Public ng nce, Insurance, and R		
4.	Mailing address for future	correspondence:	5. Name and copy is (if off	address for this ackno	wledgment	
	Josh A. Buell					
	(Name)	——————————————————————————————————————	(Name)		, the same	
	245 S. 9th St. (Address)		(Address)			
	St. Maries, ID 83861		(*)6615667			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Josh A. Buell				Secretary of State use only		
Signature: Printed Name:			IDAHO SECRETARY OF STATE			
			(*************************************	06/09/2017 05:00 CK:13580348 CT:172099 BH:1588179 16 25:00 = 25:00 ASSUM NAME #2		
			16			
Sig	gnature:				–	
Printed Name:						
			D195053			

Rev. 08/2015