

Printed Name: \_\_

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2005 SEP -9 AM 9: 34

SECRETARY OF STATE

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

undersigned use(s) in the transaction of

1. The assumed business name which the undersignation business is:  HARMONY ROOFING + HOW	
The true name(s) and business address(es) of the business under the assumed business name:     Name	Complete Address
Joe Gawel	LARK FORK, 1D. 83811
3. The general type of business transacted under the Retail Trade ☐ Transportation and P ☐ Wholesale Trade ☐ Construction	
<ul> <li>Wholesale Trade</li> <li>✓ Construction</li> <li>Services</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
2627 TWIN CREEK ROAD CLARK FORK, ID. 83811	Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):  208 - 610 - 9634
	Secretary of State use only
ignature: Ja Jawel (Signature required)  Frinted Name: Jof GAWEL	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

99/09/2005 05:00

CK: 2163 CT: 158010 BH: 918629

1 @ 25.00 = 25.00 ASSUM NAME # 2