| 227 | |
|---|--|
| CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed | S NAME |
| Please type or print legibly. NOTE: See instructions on reverse befo | fore filing. |
| The assumed business name which the un business is: | ndersigned use(s) in the transaction of |
| EVANSON'S ETTE | ON STRUCTION |
| 2. The true name(s) and business address(es business under the assumed business nam Name CARY LEE EVANSON | es) of the entity or individual(s) doing me: Complete Address <u>3037//2 HOWARN ST.</u> <u>COEUR N'AlENIE IDAHU</u> 838/5 |
| 3. The general type of business transacted ur | inder the assumed business name is: |
| Retail Trade Transportation Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: CARY EVANSON 30371/2 /HUMARD 51. COEUR D' A/ENE TO S381 Name and address for this acknowledgme copy is (if other than #4 above): | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only |
| Signature: Many A. Thanson (signature required) Printed Name: CARY LEE EVANSON Capacity/Title: DWNER (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 05/17/2004 05 = 00 CK: 102492 CT: 158010 BH: 74531 1 € 25.00 = 25.00 ASSUM NAME # |
| | D76362 |