

Printed Name: _____

Capacity/Title:

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

Please type or print legibly.
Instructions are included on back of application.

2012 JUN 11 AM 9: 24

SELF. MAY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Long Beard Towing 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 Robert Lee Moore 4817 Charmae st, Caldwell, ID 83607 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade ✓ Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Robert L. Moore Boise ID 83720-0080 4817 Charmae st 208 334-2301 Caidwell, ID 83607 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Robert Lee Miller Printed Name: Robert Lee Moore Capacity/Title: Owner/Operator Signature:

IDAHO SECRETARY OF STATE

06/11/2012 05:00

CK: 204031832202 CT: 158010 BH: 1327881
1 0 25.00 = 25.00 ASSUM NAME # 2

