

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Seas hist. See 191 8: 31

Please type or print legibly. NOTE: See instructions on reverse before filing.

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1. The assumed business name which the under business is: \$\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ersigned use(s) in the transaction of AND CANSTRUCTT ON
The true name(s) and <u>business</u> address(es) or business under the assumed business name:	
ROBERT C. WISCOMBE	Complete Address 669 E, BRIDGE ST,
	BLACKFOOT ID. 83221
3. The general type of business transacted under the assumed business name is:	
 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Manufacturing ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: SAME AS ABOVE	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	Phone number (optional): (208) 782-3516 (208) 200-3288 CEL#
1069 E. Bridge Black FOOT, ID. 83221	Secretary of State use only
Signature: They (Wiscom 2	2001
Printed Name: ROBERT C WISCOMBE	100710 1
(see instruction #8 on back of form)	