



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

2007 NOV -6 PM 2:

SECRETARY OF SIA  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

**OLSEN CONSTRUCTION**

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name \_\_\_\_\_

**CORY OLSEN**

### Complete Address

1746 HOOPES AVE IDAHO FALLS ID 83404

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |
- Submit  
Assume  
Name a

4. The name and address to which future correspondence should be addressed:

**CORY OLSEN**

1746 HOOPES AVE IDAHO FALLS ID 83404

**Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:**

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

**(208) 334-2301**

5. Name and address for this acknowledgment copy is (if other than # 4 above):

**Signature:**

**Printed Name:**

**CORY OLSEN**

**Capacity/Title:**

**OWNER**

(see instruction # 8 on back of form)

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
11/06/2007 05:00  
CK: 1339097 CT: 172099 BH: 1884160  
10 25.00 = 25.00 ASSUM NAME # 2

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