

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

90793

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

05 AUG 18 AM 9: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is: T Construction	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Tim Sheeham 4810 Boise	Complete Address Hi'Ll crest Or,
3. The general type of business transacted under the	
 Wholesale Trade ∠ Construction Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 4610 Hillcrest Dr. Boise FD, 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-336-7586
	Secretary of State use only
ignature: Tim Shahan (sighature required) rinted Name: Tim Shahan	IDAHO SECRETARY OF STATE 98/18/2995 95:99 CK: CASH CT: 158810 BH: 986943