

CERTIFICATE OF ASSUMED BUSINESS NAME

FILES ENFECTIVE

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.

-7 PM 12: 58

STATE OF IDAHO

2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name: Name TIM SHIELDS	
 Wholesale Trade ✓ Construction ✓ Services ✓ Agriculture ✓ 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: TIM G. SHIELDS 3855 5. JOHNS AVE EMMETT, ID 83617	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
 Name and address for this acknowledgment copy is (if other than #4 above): 	268-39 <u>8-857/</u>
.00	Secretary of State use only
Signature: Printed Name: Image: Shield	IDAHO SECRETARY OF STATE 1/47/2462 65 = 26 CK: CASH CT: 158810 BH: 644969 1 2 28.88 = 28.88 ASSUM NAME #