

Capacity/Title: OWNER

Signature:

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.

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

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

## CORNERSTONE WELDING & FORRICATION

Name	Complete Address
	HAGERMAN AVS G. HAGER
The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Po Box 2 HAGERMAN TO 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	

IDAHO SECRETARY OF STATE 05/10/2012 05:00 CK: 19279233292 CT: 158010 BH: 1323567 1 0 25.00 = 25.00 ASSUM NAME # 2