Printed Name: \_Chos

(see instruction # 8 on back of form)

Capacity/Title:

## **CERTIFICATE OF**

## FILED EFFECTIVE

**ASSUMED BUSINESS NAME** 

Pursuant to Section 53-504, Idaho Code, the undersigned OCT 15 AM 9: 33 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Please type or print legibly.

SECRETARY OF STATE OF IDAHO

TE: See Instructions on reverse before filling. NOTE: See instructions on reverse before filing.

business is: Simr	nons Hauling &	Cleaning
2. The true name(s) and busine business under the assumed Name	ess address(es) of the end business name:	ntity or individual(s) doing  Complete Address
Chris Simmons Eilen Simmons	<u>600 K</u>	1 400 W Burley JAD
3. The general type of business	s transacted under the as	sumed business name is:
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance, and The name and address to who correspondence should be accorded by How Wholesale Trade Wholesale Trade Finance, Insurance, and The name and address to who correspondence should be accorded by How Wholesale Trade	hich future ddressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this a copy is (if other than # 4 above):	&3318 Lacknowledgment	Phone number (optional): 208- Et 08-9209
		Secretary of State use only

IDAHO SECRETARY OF STATE

10/15/2007 05:00

CK: 1332 CT: 188887 BH: 1888488

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