

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned



submits for filing a certificate of Ass	
Please type or print leg	sibly. se before filing.
NOTE: See instructions on rever	se before filing.
1. The assumed business name which	the undersigned use(s) in the transaction of
business is:	and divides display in the diameters of
BEM Consul.	rants
	ess(es) of the entity or individual(s) doing
business under the assumed busines	s name:
Name	Complete Address
Stenhen Brown	539 Longford Dr Meridian 83647
Allan Maccier	539 Longford Dr. Meridian, 83647 55 S. inverness, Nampa, 83651
AMAN MESSICK	25 3. 111 Criess, Navieus, 05021
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3. The general type of business transa	cted under the assumed business name is:
☐ ☐ Teanon	ortation and Bublic Litilities
	ortation and Public Utilities
Wholesale Trade Constr	
Services	Iture Submit Certificate of
Manufacturing Mining	
	Name and \$20.00 fee to:
☐ Finance, Insurance, and Real	Estate
4. The name and address to which futu	re Secretary of State
correspondence should be addresse	ed: 700 West Jefferson
	Basement West
Stephen Brown	PO Box 83720
539 Longford Dr	Boise ID 83720-0080
Meridian, Id. 836	
rieriaiari, ia. 090	
5. Name and address for this acknow	ledgment Phone number (optional):
CODY is (if other than # 4 above).	
•	***************************************
	Secretary of State use only
	\$g
Markey Branch	
Signature: ACOUM DWW	7 1000 1000 1000 1000 1000 1000 1000 10
	0 10 10 10 10 10 10 10 10 10 10 10 10 10
Printed Name: <u>Stephen Bro</u>	Revised 01/2001
Capacity/Title: Co-owner	IDAHO SECRETARY OF STATE 92/12/2002 95 = 90
(see instruction # 8 on back of form)	
(app manuchom # 0 cm back or form)	CK: 5060 CT: 157206 BH: 445739

- 1 8 20.00 = 20.00 ASSUM NAME # 2

D5/96/