

Printed Name:

(see instruction # 8 on back of form)

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

7001 APR 27 AM 9: 55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

		TAX Se	
2. The true name(s) and business business under the assumed business	address(es) of the en usiness name:	tity or individual(s) doing	g
Name		Complete Address	
- Greg Evans		760 Sonn	ell pa
		CATELLO-4	> 832
3. The general type of business tra	ansacted under the as	sumed business nome:	
	1	*	S:
	ansportation and Publi	c Utilities	
	onstruction		
	griculture	Submit Certificate of	
· 	ining	Assumed Business	
Finance, Insurance, and F	Real Estate	Name and \$25.00 fee to):
 The name and address to which 	future	Secretary of State	
correspondence should be addr	essed:	700 West Jefferson	
5760 Sarrell	Nu	Basement West	
- 3 100 Sorrell	<u> </u>	PO Box 83720	
poratello, la.	83707	Boise ID 83720-0080 208 334-2301	
		200 334-2307	
5. Name and address for this ack	nowledgment	Phone number (optional)	•
5. Name and address for this ack copy is (if other than # 4 above):	nowledgment	Phone number (optional)	: :a
5. Name and address for this ack copy is (if other than #4 above):	nowledgment	Phone number (optional) 208-237-148	: 19

IDAHO SECRETARY OF STATE

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CK: 6278 CT: 158810 BH: 1858836

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