

## 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. NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

business is:  Aaron Galle	gos Stucco 8	PlasterIng
The true name(s) and business address(     business under the assumed business na	ame:	entity or individual(s) doing  Complete Address  Wirsching Ave, Twin Falls, ID, 83301
3. The general type of business transacted  Retail Trade  Transportation		
Wholesale Trade ✓ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: 618 Wirsching Ave, Twin Falls, ID, 83301		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
<ol> <li>Name and address for this acknowledgr copy is (if other than #4 above):</li> <li>Same as Above</li> </ol>	- ment	
Signature:  Printed Name:  Capacity/Title:  (see instruction # 8 on back of form)	g-loorpiformstathn formstathn.p85 Ravised 04/2003	IDAHO SECRETARY OF STATE  12/06/2007 05:00  CK: 2385 CT: 158010 BH: 1888501 1 2 25.60 = 25.60 ASSUM NAME # 2