

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

D176830

2015 FEB 18 AM 8: 18

SECRETARY OF STATE

business is: The Remodel Works		
. The true name(s) and <u>business</u> add business under the assumed busin <u>Name</u> Mike Deck	ess name:	Complete Address Dason Drive Boise, ID 83713
Tony Eiguezabal	040 VM 74L	
Mel Lacy		
☐ Wholesale Trade	portation and Publ	lic Utilities Submit Certificate of
☐ Manufacturing ☐ Minir ☐ Finance, Insurance, and Rea	al Estate	Assumed Business Name and \$25.00 fee to:
<ol> <li>The name and address to which functions correspondence should be address.</li> <li>Mike Deck</li> </ol>	uture ssed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
10931 W Dason Dr		208 334-2301
Boise, ID 83713		
5. Name and address for this acknown copy is (if other than # 4 above).	wledgment	
Ma OP News		Secretary of State use only
gnature: Mike Deck		IDAHO SECRETARY OF STATE
apacity/Title: President		02/18/2015 05:00 CK:5531 CT:306554 BH:14621
ignature:		10 25.00 = 25.00 ASSUM NAME
rinted Name:		<u>.</u>
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