## FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

7	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filling a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before	NAME ne undersigned usiness Name.
The assumed business name which the undersigned use(s) in the transaction of business is:  Hallcrest	
The true name(s) and business address(es) business under the assumed business name     Name     Francis Timothy Hall	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Hallcrest PO Box 266	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
Grace, Idaho 83241  5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):  208-425-9097
Signature:  (signature required)  (signature required)  Francis Timothy Hall  Capacity/Title:  (see instruction # 8 on back of form)	Secretary of State use only  \$\\\^{\text{God Tipe sure}}\$  \$\\\^{\text{God Tipe state}}\$  \$\\\^{\text{God Tipe state}}\$  \$\\\\^{\text{God Tipe state}}\$  \$\\\\^{\text{God Tipe state}}\$  \$\\\\\^{\text{God Tipe state}}\$  \$\\\\\^{\text{God Tipe state}}\$  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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