



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 AUG 13 AM 10:10

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

South Fork Towing

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

David C. Larsen

4758 N. Lancer Ave. Boise, ID 83713

Jay C. Larsen

8260 Hwy. 21 Lowman, ID 83637

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

David C. Larsen DBA South Fork Towing

4758 N. Lancer Ave.

Boise, ID 83713

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Boise County Records Office

420 Main Street

Idaho City, ID 83637

Signature: 

Printed Name: David C. Larsen

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/13/2014 05:00

CK:1272 CT:300025 BH:1437137
1@ 25.00 = 25.00 ASSUM NAME #2

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