## 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.

Lloyd "Scott" Shackelford

Owner

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

STATE OF TOAHO ction of

	S & S Custom Me	tal Works
	e name(s) and business address(es) of sunder the assumed business name:	the entity or individual(s) doing
	Name	Complete Address
	Lloyd "Scott" Shackelford	420 Marjacq Avenue
	Kimberlee Shackelford	Idaho Falls, Idaho 83401
	neral type of business transacted under	
☐ W ☐ Se ✓ M	/holesale Trade	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  420 Marjacq		Secretary of State 700 West Jefferson Basement West PO Box 83720
	Falls, Idaho 83401	Boise ID 83720-0080 208 334-2301
	and address for this acknowledgment (if other than # 4 above):	Phone number (optional): 208-522-8974

IDAHO SECRETARY OF STATE

04/11/2005 05:00

CK: 8545 CT: 158010 DH: 803738
1 0 25.00 = 25.00 ASSUM NAME # 2

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