

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

NOTE: See instructions on reverse before filing.

Please type or print legibly.

09 MAR -2 AM 11: 02 SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the business is: The assumed business name which the undersigned use(s) in the business is:	e transaction of
2. The true name(s) and business address(es) of the entity or individual business under the assumed business name: Name Complete A HERSTEN Shuff Care	
3. The general type of business transacted under the assumed business transportation and Public Utilities Wholesale Trade Sonstruction	ness name is:
☐ Manufacturing ☐ Mining ☐ Assumed	ertificate of Business I \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Compared to the correspondence should be addressed: Idaho Section 450 N 4th PO Box 83 Boise ID 8 Idaho Section 50 N 4th PO Box 84 Boise ID 8 Idaho Section 50 N 4th PO Box 84 Boise ID 8 Idaho Section 50 N 4th PO Box 84 Boise ID 8 Idaho Section 50 N 4th PO	720 3720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	etary of State use only
Signature: Supplied S	IDAHO SECRETARY OF STATE @3/02/2009 @5:00 CK: 1945 CT: 150019 DH: 1159238 @ 25.06 = 25.00 ASSUM NAME # 2

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