



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 APR -9 AM 8:50

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:

Skyrock Trucking

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

<u>Name</u>	<u>Complete Address</u>
<u>Todd Hardisty</u>	<u>134 West 19th Ave. Lewiston, Idaho</u> ⁸³⁵⁰¹
<u>Brandi Hardisty</u>	<u>134 West 19th Ave. Lewiston, Idaho</u> ⁸³⁵⁰¹

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:

Todd Hardisty
134 West 19th Ave.
Lewiston, Idaho 83501

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

Signature: Brandi Hardisty

Printed Name: Brandi Hardisty

Capacity/Title: Co-owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/09/2014 05:00
CK: 2591 CT: 295438 BH: 1419336
1 @ 25.00 = 25.00 ASSUM NAME # 2

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