



# 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 filling.**

2006 DEC -6 AM 9:53  
SECRETARY

SECRETARY OF STATE  
STATE OF IDAHO

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

Mike Bailey Construction

- 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

Mike Bailey

628 Alturas Dr. Twin Falls, Id 83301

Kathy Bailey

628 Alturas Dr. Twin Falls Id 83301

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☒ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

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

**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

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

D.L. Evans Bank

980 S. Lincoln

Jerome, Id 83338

Signature: Nathaniel Bailey  
(signature required)

Printed Name: Kathy Bailey

Capacity/Title: Owner

(see instruction # 8 on back of form)

**Phone number (optional):**

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
12/07/2006 05:00  
CK: 5390 CT: 207201 BH: 1017967  
1 @ 25.00 = 25.00 ASSUM NAME 1 2

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