



Signature: ____

Capacity/Title:____

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 FEB 24 PM 2: 36 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

2. The true name(s) and <u>business</u> address(es) a business under the assumed business name Name Christian Schmoll 3	ng Handy Service of the entity or individual(s) doing Complete Address 89 Rocky Rd. W. Gagle, Td. 83860
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining	nd Public Utilities Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to
4. The name and address to which future correspondence should be addressed: Christian Schmoll 389 Rocky Rd. W. Sagle, Td. 83860	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: Christian Schmoll	450 North 4th Street PO Box 83720 Boise ID 83720-0080

IDAHO SECRETARY OF STATE @2/27/2012 @5:00 CK: 913790 CT: 172899 BH: 1312180 1 9 25.06 = 25.00 ASSUM NAME # 2

D153600