

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

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Please type or print legibly. NOTE: See instructions on reverse before filing.

SECHE STATE STATE

Rudeer	Architects	
2. The true name(s) and business address(est business under the assumed business name Name  Rudeen & Associates A Professional company  W 16037	s) of the entity or individual(s) doing ne: Complete Address 199 N. Capitol Blvd., S. 602, Boise, ID 8370	02
3. The general type of business transacted un		
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West	
Rudeen & Associates A Professional Co.  199 N. Capitol Blvd., S. 602  Boise, ID 83702	PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgme copy is (if other than #4 above):  Kimbell D. Gourley	ent Phone number (optional):	
P.O. Box 1097	Secretary of State use only	
ignature:(signature required) David Rudeen	1DAHO SECRETARY OF 05/21/2006 CK: 3884 CT: 156984	,
apacity/Title: Member (see instruction # 8 on back of form)	96/21/2096 CK: 3884 CT: 156984	05: BH: 9 SUM N