

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D180406

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

2015 JUL 21 AM 8: 30

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address business under the assumed business n	
Name Nicholas Scott	Complete Address 19845 Franklin Rd. Nampa, ID 83687
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Agriculture	ion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Spartan Pool Plastering 19845 Franklin Rd. Nampa, ID 83687	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	nent
Signature:	
Printed Name: Nicholas Scott Capacity/Title: Owner	IDAHO SECRETARY OF STATE 07/21/2015 05:00 CK:4008 CT:292561 BH:1484720
Signature:Printed Name:	16 25.00 = 25.00 ASSUM NAME