227



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG -9 AM 11:02

STATE OF STATE

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

, <u>-</u>	Capital City Tax
business under the assumed busin	
<u>Name</u>	Complete Address
Jack Stevens	733 N. 14th St. Boise, ID 83702
· · · · · · · · · · · · · · · · · · ·	
The general type of business trans	acted under the assumed business name is:
	portation and Public Utilities
	truction
✓ Services Agric	
☐ Manufacturing ☐ Minin	Cubmit Cortificate of
_	Assumed Business
☐ Finance, Insurance, and Rea	Lestate Name and \$25.00 fee to:
. The name and address to which fu	ture Secretary of State
correspondence should be address	sed: 450 North 4th Street
Jack Stevens	PO Box 83720
733 N. 14th St.	Boise ID 83720-0080 208 334-2301
Boise, ID 83702	200 334-2301
Name and address for this acknow copy is (if other than # 4 above):	ledgment
- · · · · · · · · · · · · · · · · · · ·	
	Secretary of State use only
nature: July Vronts	
ted Name. Jack Stevens	
pacity/Title: Owner	
nature:	TRAUN CEPRETARY OF STATE
	IDAHO SECRETARY OF STATE 88/09/2011 05:
ted Name:	CK: 5818 CT: 261483 B

abn.pmd Rev. 07/2010

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