

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2018 AUG -8 PM 3:04

SECRETARY OF STATE
STATE OF IDAHO

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

FOCUS CONTRACTING

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

DAVID S SINNER

3616 10TH STREET LEWISTON, ID 83501

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

DAVID S SINNER

3616 10TH STREET

LEWISTON, ID 83501

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Phone number (optional):

Signature: David Sinner

(signature required)

Printed Name: DAVE SINNER

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2018 05:00

CK:19854962 CT:172099 BH:1657908
18 25.00 = 25.00 ASSUM NAME #2

ID/comp/for med/when form filed/when paid/when received/08/08/2018

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