

Capacity/Title:\_

## **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.

2016 FEB 27 AH 8: 50

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

SECRETARY OF STATE

The assumed business name which the business is:	
Hunter Equipment	Service of Idaho
The true name(s) and <u>business</u> address business under the assumed business in the second secon	
<u>Name</u>	Complete Address
Kevin McCleve	4950 So Wedcott Ave, Boise Id
	Boise Folcho
	83709
3. The general type of business transacted	
Retail Trade Transporta	tion and Public Utilities
Wholesale Trade Constructi	·
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Est	
4. The name and address to which future	Considerate of Otata
correspondence should be addressed:	Secretary of State 450 North 4th Street
Kevin mecleve	PO Box 83720
4950 So Waleott Ave	Boise ID 83720-0080
2 1 1	_ 208 334-2301
Boise Ideho 83709  5 Name and address for this asknowledge	
<ol><li>Name and address for this acknowledge copy is (if other than # 4 above):</li></ol>	ment
Copy to the chief and the address.	
	<del></del>
	Secretary of State use only
Signature: See M.	IDAHO SECRETARY OF STATE
Printed Name: Keyyn L. McCle	92/27/2015 05:00
Capacity/Title: <u>Owner</u>	CK:7427 CT:158010 BH:1463906 16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	7177105

1)17/105