

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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

02 JUN 10 AM 8: 46

STATE OF IDAHO

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1. The assumed business name which the und	ersigned	d use(s) in the transaction of
business is:  CHUCKS RE	PAJ	-R'5
The true name(s) and <u>business</u> address(es) business under the assumed business name		ntity or individual(s) doing
<u>Name</u>	<del></del>	
Charles Weeks		
	I Dah	o 53647
3. The general type of business transacted und	der the a	assumed business name is:
<ul><li>☐ Retail Trade</li><li>☐ Wholesale Trade</li><li>☐ Construction</li></ul>	and Put	olic Utilities
Services Agriculture		Submit Certificate of
☐ Manufacturing ☐ Mining		Assumed Business
Finance, Insurance, and Real Estate		Name and \$20.00 fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson Basement West
73020 E Franklin		PO Box 83720
Meridian Idaho 83642		Boise ID 83720-0080 208 334-2301
Meridian I Daho 83642 Chucks Kofairs		206 334-2301
5. Name and address for this acknowledgme	nt	Phone number (optional):
COPY IS (if other than # 4 above):	 السام السام	<u>898-9448</u>
Services, const	126776	Secretary of State use only
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ignature: Charles 21) est	1 forms	
rinted Name: Charles weeks	gikoopylomislabn formslabn.p65 Revised 01/2001	TORIN APARPTINU AF ATATA
Capacity/Title: Own & F	:\comp\fc	IDAHO SECRETARY OF STATE  96-719-72992 95: 99-60-60-60-60-60-60-60-60-60-60-60-60-60-
(see instruction # 8 on back of form)	6	1 9 20.00 = 20.00 ASSUM HAME #

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