



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE  
FILED E. TIVE**

**2015 MAR -2 AM 9:46**

**Please type or print legibly.**

**Instructions are included on back of application.**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

PAKMAN'S YARD SERVICES

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 H PAK

393 KAY DRIVE, TWIN FALLS, IDAHO 83301

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 type="checkbox"/> Construction                        |
| <input checked="" 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:

393 KAY DRIVE, TWIN FALLS, IDAHO 83301

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

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: *David H Pak*

Printed Name: DAVID H PAK

Capacity/Title: OWNER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/02/2015 05:00**

CK:10270 CT:92928 BH:1464177  
10 25.00 = 25.00 ASSUM NAME #2

*D177187*