

## 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

Busine	ss Name.
Please type or print locible	THE OFF 20 PM 2-22
NOTE: See instructions on reverse before fili  1. The assumed business name which the undersignation business is:  **DENGINE**	SHORE MOVING STATE
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Benjamin G. Upchurch 30  Me	Complete Address 19 E. Antumu Way Michigan IDAHO 83642
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  3019 E. Antumn Way Meridian IDAITO 83142	
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Section 1. Section 1. Section 2. Section	Phone number (optional): $ \frac{(208)-328-3234}{(308)-724-9795} $ Secretary of State use only $ \frac{(308)-328-3234}{(308)-724-9795} $

Sig

Printed Name:\_

Capacity/Title: Presiden

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
12/23/23/24 05:00
CK: CASH CT: 158010 BH: 784164
1 25.00 = 25.00 ASSUM NAME # 2