## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, 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.

(see instruction # 8 on back of form)

## FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

D116634

. The assumed business name which the undersign business is:	ned use(s) in the transaction of
McCoy Castom W	odwarking
. The true name(s) and business address(es) of the business under the assumed business name:  Name	
Robert DMcGox 1	520 W DAKsta Loop Norm
. The general type of business transacted under the	e assumed business name is:
☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction	Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
1520 W DAKATALOOP NAMPA TO 83686	Boise ID 83720-0080 (208) 334-2301
5. Alama and address for this advantadoment	
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	
	Secretary of State use only
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nature: At Sulforman (Signature required) (Signatur	
ted Name: Koher+ Mc6	IDAHO SECRETARY OF STATE
acity/Title: Owner g	CK: CASH CT: 158618 BH: 1984282
(see instruction # 8 on back of form)	1 # 25.00 = 25.00 ASSUM NAME #