

## **CERTIFICATE OF** ASSUMED BUSINESS NAME, Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

90:01 MA SI MUL CO

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under	ersigned use(s) in the transaction of
business is: Scoggins Bullnose Ser	ruice
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Lon Alon Scoggins	
	der the assumed business name is: and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Lon Alan Scoggins  20149 Apricot Lan Marsing  10 83639	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above).</li></ol>	Phone number (optional):  208-866-4559
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE  6/12/2003 05:00  CK: CASH CT: 158818 BH: 685563  1 2 25.00 = 25.00 ASSUM MANE # 2
	D 66269