FILED EFFECTIVE

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2008 JUL 25 PM 12 11

SECRETARY OF STATE
STATE OF IDAHO

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.

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

   TROY BEAL

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
TROY A. BEAL	718 2nd AVE. N
ZOYA B BEAL	TWIN FALLS
	IDAHO 83301

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   718 2nd AVE. N
   TWIN FALLS
   ID. 83301

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

Phone number (optional):
(208) 961-0998

Secretary of State use only

Signature: Troy A Beal
(Signature required)

Printed Name: TROY A BEAL ZOYA B BEAL

Capacity/Title: OWNER
(see instruction # 3 on back of form)

IDAHO SECRETARY OF STATE
07/25/2008 05:00
CK: 135937 CT: 172099 BH: 1128807
1 @ 25.00 = 25.00 ASSUM NAME # 2
1 @ 10.00 = 10.00 CERTIFICAT # 3

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