

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 AUG 15 PM 1: 37

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

Crusher Conicals	
The true name(s) and <u>business</u> address(e business under the assumed business name).	ame:
<u>Name</u> Max White	<u>Complete Address</u> 1179 W. Bacall St., Meridan Idaho 83646
Wax Wille	1173 VY. Dadaii Gt., Wertdaii Idanio 03040
	on 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
The name and address to which future correspondence should be addressed:     Crusher Conicals	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
1179 W. Bacall St. Meridian, Idaho 83646	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
inted Name: Max White apacity/Title: Owner anature:	IDANO SECRETARY OF STATE  08/15/2014 05:00  CK:2142972 CT:172099 BH:14:  16 25.00 = 25.00 ASSUM NAM
inted Name:	
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