



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 MAY -8 PM 3: 32

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

A TO Z HOME REPAIRS AND REMODEL

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

NAME  
MICHAEL J. PARKER SR.

7428 BRIDGEPORT DR.

NANPA FD. 83687

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

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

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

~~STATE~~ 7428 BRIDGE CRT. DR.  
NASHUA, ID. 83687

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

7428 BRIDGE BRT DR.  
WAMPA IP. 83687

Phone number (optional):

(208) 353-9129

**Signature:**

*Michael J. Polk*  
(signature required)

(signature required)

Printed Name:

(signature required)  
MICHAEL J. PARKER

**Capacity/Title:**

(see instruction # 8 on back of form)

**Secretary of State use only**

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IDAHO SECRETARY OF STATE  
05/08/2007 05:00  
CK: CASH CT: 150010 BH: 1052379  
1 @ 25.00 = 25.00 ASSUM NAME # 2