



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.

08 JUL 31 PM 4:51

SECRETARY OF STATE
STATE OF IDAHO

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

SPECIALIZED SHARPENING.

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 EVANS

665 No. Siltstone
KUNA, IDAHO 83634

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:

SANIE

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

Signature: _____

(signature required)

Printed Name: TROY EVANS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/31/2008 05:00
CK: 138206 CT: 172099 RH: 1129714
1 @ 25.00 = 25.00 ASSUM NAME # 2