

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.

11 MAY 25 AM 9: 09

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

SECRETARY OF STATE STATE OF IDAHO

STATE OF IDANO	
 The assumed business name which the business is: 	undersigned use(s) in the transaction of
	MAINTENANCE & REPAIR
<u> </u>	WAINTENANCE & NEI AIN
The true name(s) and <u>business</u> address(business under the assumed business n Name	
RON KIRTLAND	P.O. BOX 6002, TWIN FALLS, ID 83301-6002
The general type of business transacted	under the assumed business name is:
Retail Trade Transportat	ion and Public Utilities
Wholesale Trade Construction	on ·
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
RON KIRTLAND	PO Box 83720 Boise ID 83720-0080
P.O. BOX 6002	208 334-2301
TWIN FALLS, ID 83301-6002	
 Name and address for this acknowledge 	nent
COPY IS (if other than # 4 above):	
	•
	Secretary of State use only
Signature:	_
Printed Name: RON KIRTLAND	_
Capacity/Title: OWNER	IDAHO SECRETARY OF STATE
Signature:	CK: 1159 CT: 230104 BH: 1275187
Printed Name:	_
Capacity/Title:	_ D147885

abn.prnd Rev. 07/2010