## FILED EFFECTIVE



Capacity/Title:\_

e: <u>Owner</u> (see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

O9 DEC 16 AM 8: 21
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SA INDUSTRI	IES
The true name(s) and business address( business under the assumed business name	
Susan Alexandre	143 W. Deer Meadows
	Blanchard, ID 83804
The general type of business transacted  ☐ Retail Trade ☐ Transportat ☐ Wholesale Trade ☑ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed: ☐ Susan Alexandre ☐ 143 W. Deer Meadows ☐ Blanchard, ID 83804	Submit Certificate of Assumed Business
	ment
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	

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