



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.

FILED EFFECTIVE
2005 MAY -2 AM 9:44

STATE OF IDAHO

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

Lake City Equipment & Event Rental

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

Mike Macomber

5987 N. LaRochelle Dr. Coeur d'Alene, ID 83815

Craig Buttrey

10194 N. Sunview LN. Hayden, ID. 83835

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Lake City Equipment & Event Rental

10416 N. Government Way 83835

Hayden, ID. 83835

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

Mike Macomber

5987 N. LaRochelle Dr.

Coeur d'Alene, ID. 83815

Phone number (optional):

208-691-4667

Signature:

Mike Macomber
(signature required)

Printed Name:

Mike Macomber

Capacity/Title:

Owner Operator

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
05/03/2005 05:00
CK: 6970 CT: 158010 BH: 808100
1 @ 25.00 = 25.00 ASSUM NAME # 2

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