CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE STATE OF IDAHO

To the SECRETARY OF STATE STATE OF IDAHO

(see instruction # 8 on back of form)



1.	The assumed business name which the und business is:	dersigned use	e(s) in the transaction of
	Wyvnew Eding	P1, 142-1,	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name Sean Niel Wright 7		n <u>plete Address</u> <u>く</u>
	<i>()</i>		83651
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing	Tra	nsportation and Public Utiliti
	Wholesale Trade☐ Agriculture☐ Construction	Fina Min	ance, Insurance, and Real Esta
4.	☐ Services ☑ Construction		ance, Insurance, and Real Esta ing
4.	Services Construction The name and address to which future Pl correspondence should be addressed:	Min	ance, Insurance, and Real Estaing (optional): Submit Certificate of
4.	Services Construction The name and address to which future Pl correspondence should be addressed:	Min	ance, Insurance, and Real Estaing (optional): Submit Certificate of Assumed Business
	Services Construction The name and address to which future Pl correspondence should be addressed:	Min	ance, Insurance, and Real Estaing (optional): Submit Certificate of
	Services Construction The name and address to which future Pl correspondence should be addressed: 7/9 9 th Ave 5. Alampa ID 8365 i Name and address for this acknowledgmen	Min Mone number	ance, Insurance, and Real Estaing (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	Services Construction The name and address to which future Pl correspondence should be addressed: 7/9 9 th Ave 5. Alampa ID 8365 i Name and address for this acknowledgmen	Min Mone number	ance, Insurance, and Real Estaing (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Services Construction The name and address to which future Pl correspondence should be addressed: 7/9 9 th Ave 5. Alampa ID 8365 i Name and address for this acknowledgmen	Minnone number	ance, Insurance, and Real Estaing (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE
5.	Services Construction The name and address to which future Pleorrespondence should be addressed: 719 9 th Aue 5. Alampa TD 83651 Name and address for this acknowledgmen copy is (if other than # 4 above):	Minnone number	ance, Insurance, and Real Estaing (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID-83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE