

Capacity/Title: Owner.

(see instruction # 8 on back of form)

## **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.

06 OCT 30 PM 12: 07

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECHE STATE

	STATE OF IDAHO
1. The assumed business name which the under	signed use(s) in the transaction of
business is:	
BR( & Company	
D. Copper	
2. The true name(s) and <u>business</u> address(es) of	f the entity or individual(s) doing
business under the assumed business name:	,,,
Name	Complete Address
	1620 Vermont
7 ( 4 0 1 1	<del></del>
Brandon K. Clyde	Boise ID, 83706
	with a provinced business name in
3. The general type of business transacted unde	er the assumed business name is:
☑ Transportation ar	nd Public Utilities
	Suprime willistant
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
Same	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	208-870-4625
<u>Same</u>	Consider of Chale time only
	Secretary of State use only
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