

Capacity: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	business is:	The	Haul	Gu	ነ /			
2.	business under the assumed business name is/are:							
	Chyton W Wallace			36	601	:	k Ridse	Rd
				Box	50	79	83716	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)							
	Retail To	rade [Manufactu	rina [¬ т,	anenortati	on and Dublic	l Itilitia
	Services The name ar	ale Trade	Manufacture Agriculture Construction which future addressed:	on [☐ Fi		on and Public urance, and R	
	☐ Wholesa☐ Services The name ar	ale Trade	Agriculture Construction which future	on [☐ Fi	nance, Insining or (optional): Submit (Assume	urance, and R	eal Es
5. I	Wholesa Services The name ar corresponde SC 6	ale Trade s and address to the second secon	Agriculture Construction which future	Phone	☐ Fi	Submit (Assume Name and PO Box	Certificate of d Business and \$20.00 fee to be state st Jefferson at West 83720	eal Es
5. I	Wholesa Services The name ar corresponde SC BOC Name and ac	ale Trade s and address to the second secon	Agriculture Construction o which future the addressed: Krigk	Phone	☐ Fi	Submit (Assume Name as Baseme PO Box Boise ID 208 334	Certificate of d Business and \$20.00 fee to be state st Jefferson at West 83720	eal Es

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