

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 gives notice of adoption of an Assumed Business Name.

97 OCT 30 AM 9:53
SECRETARY OF STATE
STATE OF IDAHO

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

R & R HANDY MAN SERVICES

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

Complete Address

ROBERT ROTHWELL

130 ELM STREET APT # 1, TWIN FALLS ID 83301

LEON HRABIK

130 ELM STREET APT # 1 TWIN FALLS ID, 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 1-208-733-5861

130 ELM ST. APT # 1

TWIN FALLS, ID 83301

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

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

10/30/1997 09:00
CK: 957709 CT: 1935 BY: 51322

1 @ 20.00 = 20.00 ASSUM NAME

09355

Signature: Robert Rothwell / Leon Hrabik

Printed Name: Robert Rothwell / Leon Hrabik

Capacity: owner / partner

(see instruction # 8 on back of form)