

Capacity/Title:

(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.

02 MAY 30 PM 2: 20

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

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned business is:  **FAMTED GATE DESIGN**	15 and Consultation
2. The true name(s) and <u>business</u> address(es) of the ent business under the assumed business name:  Name  SHAUN HAMMERSMARK  //07/M	Complete Address
3. The general type of business transacted under the as	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>INT N- ZOH BOISE ID 83702</li> </ul>	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. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  708-344-5417
- N/A	Secretary of State use only
Signature www. SHAUN HAMMERSMARK	IDAHO SECRETARY OF STATE 95/30/2002 95:00 CK: CASH CT: 158010 BH: 468702 1 8 20.00 = 20.00 ASSUM MAME #

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