

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

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CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the unde submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before filing	s Name.  STATE OF DALLOTE
1. The assumed business name which the undersign business is:    Full Scope Maintenance   Continue   Continue	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Phillip Parend  Hexa	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Philip Potent  805 W. Wyoming  Hoyden ID 83835	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-255-9339
Signature:	IDAHO SECRETARY OF STATE  94/98/2004 95 = 99  CK: 1040 CT: 158010 BN: 738055  1 0 25.00 = 25.00 ASSUM NAME II