

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2014 APR 29 PM 2: 05

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

SELKIRK CARPENTRY AND REMODELING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>MATTHEW R BUTCHKO</u>	<u>1990 GOLD CREEK RIDGE</u>
	<u>SANDPOINT ID 83864</u>

3. The general type of business transacted under the assumed business name is:

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

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

MATTHEW R BUTCHKO
1990 GOLD CREEK RIDGE
SANDPOINT ID. 83864

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Matthew R Butchko

Printed Name: MATTHEW R BUTCHKO

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/29/2014 05:00
CK:1850240 CT:172099 BH:1422519
1@ 25.00 = 25.00 ASSUM NAME #2

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