

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

10 AUG 20 AM 10: 50

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

Please type or print legibly.

STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	Commonwealth Services
The true name(s) and <u>business</u> ac business under the assumed busi <u>Name</u> Joshua A Brown	ddress(es) of the entity or individual(s) doing ness name: <u>Complete Address</u> 1055 S Dale St #302, Boise, ID 83706
Retail Trade  Trans	sacted under the assumed business name is: sportation and Public Utilities struction
Services Agri Manufacturing Mini Finance, Insurance, and Re	Assumed Business
The name and address to which f correspondence should be address.  Phelps Truck Reporting Service.	Georgially of Otate
PO Box 9028 Nampa ID 83652	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
	Secretary of State use only
Signature	<del></del>
Printed Name: Joshua Brown	
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature:	OS/20/2010 05:00 CK: 498515 CT: 172899 BH: 1235669 1 0 25.00 = 25.00 ASSUM MAME # 2
Printed Name: Capacity/Title:	

abrupmd Rev. 07/2010

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