



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**

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.

**MAY 12 2 04 PM '00**

1. The assumed business name which the undersigned use(s) in the transaction of business is: **SECTION OF STATE**  
**STATE OF IDAHO**

HANDY MAN SERVICE Company

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

CHRIS STRAWN

Complete Address

1396 E. DOBELMAN,

MERIDIAN ID. 83642

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 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): 884-4838

Same

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

**05/12/2000 09:00**  
CK: CASH CT: 131038 BH: 317552

1 @ 20.00 = 20.00 ASSUM NAME # 2

035737

Signature: Chris Strawn

Printed Name: CHRIS STRAWN

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

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