

## **CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

SECULIA DE DA DESE STATE DE IDAHO

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

(see instruction # 8 on back of form)

R&L INSP	PECTIONS
The true name(s) and business address(es business under the assumed business nam Name  RANDY M BUNN	
LINDA M BUNN	1895 W MOUNTAIN POINTE NAMPA ID 83651
Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  LINDA M BUNN	Secretary of State 700 West Jefferson Basement West PO Box 83720
1895 W MOUNTAIN POINTE NAMPA, ID 83651	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-697-1759
	Secretary of State use only
ature: (signature required) ted Name: RANDY BUNN acity/Title: OWNSR / ODSRATOR	### IDAHO SECRETARY OF STA ####################################

1 8 25.00 = 25.00 ASSUM NAME # 2

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