



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 APR 26 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

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

R & D Drywall Construction

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

EVA IRENE MALDONADO 3637 CAMILLE LANE TWIN FALLS ID

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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

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

4. Mailing address for future correspondence:

EVA IRENE MALDONADO

(Name) \_\_\_\_\_

3637 CAMILLE LANE

(Address) \_\_\_\_\_

TWIN FALLS ID 83301

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

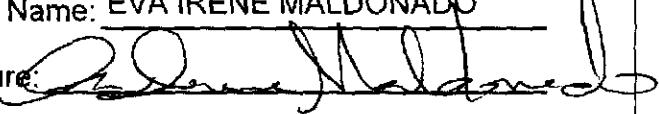
5. Name and address for this acknowledgment copy is (if other than # 4):

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: EVA IRENE MALDONADO

Signature: 

Secretary of State use only

Printed Name: Eva M

Signature: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
04/26/2018 05:00

CK:150 CT:356894 BH:1640503  
1€ 25.00 = 25.00 ASSUM NAME #2

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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