

Capacity/Title:___

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

11 SEP -9 AM 9:11

0 150033

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

She	elly's Plumbing
The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u>	es) of the entity or individual(s) doing ime: <u>Complete Address</u>
Gary's Plumbing Inc	P.O. Box 254, McCall, ID 83638
C137844	
☐ Wholesale Trade ☑ Construction	on and Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estat	te Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street
Shelly Johnson	PO Box 83720 Boise ID 83720-0080
P.O. Box 254	208 334-2301
McCall, ID 83638	
Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
ignature: Shyk Johnson	_
	_
rinted Name: Shelly K Johnson apacity/Title: Prosident	_
ignature:	IDANG SECRETARY OF STATE 99/89/2011 05:00
rinted Name:	- 09/09/2011 05:00 CK: 2077 CT: 262313 BH: 1289805 - 1 0 25.00 = 25.00 ASSUM NAME W

abn.pmd Rev. 07/2010