

Capacity/Title: <u>OWNER</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2009 JAN 16 AM 9: 38

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

· Nama	siness name: Complete Address
Name	
HIST MON	1968 TRUMANST
	1V:471 JUNY +U 02606
The general type of business tran	nsacted under the assumed business name is:
Troe	nsportation and Public Utilities
	nstruction
	riculture Submit Certificate of
Manufacturing Min	ning Assumed Business
Finance, Insurance, and Re	eal Estate Name and \$25.00 fee to:
The name and address to which	future Idaho Secretary of State
correspondence should be addre	
	PO BOX 83720
SAME	Boise ID 83720-0080
	(000) 204 2004
	(208) 334-2301
	(208) 334-2301
	(208) 334-2301
Name and address for this ackn	
Name and address for this acknopy is (if other than #4 above):	
COPY is (if other than #4 above):	

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