

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 32 MOV 21 PH 12: 25 STATE OF TOAHO

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

business is: Referral Idaho Contractor Referal Network 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Christine M Heavin	2180 Dora Ln. Boise, ID. 83702
Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West PO Box 83720
2180 Dora Ln. Boise, ID. 83702	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	ent Phone number (optional):
COPY IS (if other than # 4 above).	208 367-0102
	Secretary of State use only
nature:	Seviced 09/2002 Revised 09/2002 IDAHO SECRETARY OF STATE 11/21/2002 05:

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