

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: MAN CAMP Mechanical alle 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 Jeffrey MARK HALFOD 5315 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Jeffrey MARK HAGOUD Boise ID 83720-0080 WORTH WAY 208 334-2301 83607 5. Name and address for this acknowledgment CODY IS (if other than #4 above): Secretary of State use only Signature: Q Printed Name: Jef Capacity/Title: OD IDANO SECRETARY OF STATE Signature: \_ CT: 158010 BH: 1303715 **Printed Name:** Capacity/Title:

abn.pmd Rev. 07/2010