

## **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.

2013 NOV 15 AM 10: 54 SECRETARY OF STATE STATE OF IDAHO

D167096

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

1.	The assumed business name which the up business is:	ndersigne	ed use(s) in the transaction of	
	Smith's Hometown Hardware			
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address			
	Preferred Pool Construction Services, Inc	38 E. Garfield, P.O. Box 994		
	<u>C168566</u>	Glenns Ferry, ID 83623		
		-		
3.	The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities			
	☐ Wholesale Trade ☐ Construction	1		
	Services Agriculture			
-	☐ Manufacturing ☐ Mining		Submit Certificate of	
	Finance, Insurance, and Real Estate	<b>=</b>	Assumed Business Name and \$25.00 fee to:	
4	The many and the state of the state of		Traine and \$25,50 fee to.	
4.	The name and address to which future correspondence should be addressed:		Secretary of State	
	Smith's Hometown Hardware		450 North 4th Street PO Box 83720	
	P.O. Box 994		Boise ID 83720-0080	
			208 334-2301	
_	Glenns Ferry, ID 83623			
5.	Name and address for this acknowledgment			
	COPy is (if other than # 4 above):			
	4 0			
	The delay		Secretary of State use only	
Signa	ature://///www.ws			
rinte	ed Name: Lynda Smith			
	city/Title: Owner			
Signa	ature:		IDAHO SECRETARY OF STATE	
rinted Name:		11/15/2013 05:00 CK: 10181 CT: 260599 BH: 1398175 1 0 25.00 = 25.00 ASSUM NAME 0 3		

Capacity/Title: