EILED EFFECTIVE



Printed Name: Craig Ward

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 SEP 29 AM 9: 46

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

SECRUTACIO OF STATE STATE OF IDAHO

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

C & D Properties	
The true name(s) and <u>business</u> add business under the assumed busines <u>Name</u>	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u>
Craig & Debbie Ward	1077 E. Driftwood Heights Drive, Harrison,
	Idaho, 83833
Retail Trade Transp	acted under the assumed business name is: cortation and Public Utilities ruction
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which fut correspondence should be address. Same as Above	Secretary of State
 Name and address for this acknowle copy is (if other than # 4 above). 	edgment
	Secretary of State use only
gnature: Dobbio Mord	IDAHO SECRETARY OF STAT
inted Name: Debbie Ward	09/29/2014 05:00 CK:8080 CT:158010 BH:14
apacity/Title: Owner	18 25.00 = 25.00 ASSUM N

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