



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2012 JAN 24 AM 9:01**  
submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bobby C. Lumber Takeoffs

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Laura Alicia Cox

Complete Address

4863 W. Classic Dr

Meridian, Idaho

83646

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Bobby C. Lumber Takeoffs  
4863 W. Classic Dr  
Meridian, Idaho 83646

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Laura A. Cox

Printed Name:

Laura A. Cox

Capacity/Title:

OWNER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/24/2012 05:00  
CK: 2023 CT: 150010 DH: 1307538  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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