CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 33-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Pursuant to Section 33-504, Idaho Code, the undersigned submit for filing a certificate of Assumed Business Name. Pursuant to Section 34-504, Idaho Code, the undersigned use(s) in the transaction of business is: State OF IDAHO The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name. Note: See instructions on reverse before filing. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name. Name Complete Address The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Whone should be addressed: Storke Co Abort Name and address for this acknowledgment copy is (rforher than # 4 abore): Storke of State use only Storke of State use only
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7804 MAR 31 PH 2: 23 Please type or print legibly. NOTE: See instructions on reverse before filing. SALE OF DAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: SLES Constructation of business is: 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 3. The general type of business transacted under the assumed business name is: Ht. 69 Box 355A, Richt rols, D 83544 3. The general type of business transacted under the assumed business name is: Submit Certificate of Assumed Business Nane Submit Certificate of Assumed Business Name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and 225.00 fee to: 3. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and 225.00 fee to: 3. Name and address for this acknowledgment copy is (reture than # 4 above): Phone number (optional): CON & 6.28-3.75 &
Submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. The assumed business name which the undersigned use(s) in the transaction of business is: SRS CONISTENCETEON 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 TIM OLINSBY Ht. 69 Box 355A, Status, D 83544 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trafe Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assumed Business Sasted Proson State Cos about D Box 83720-0080 208 334-2301 Phone number (optional): Copy is (if other man #4 above): Cots (optional):
Please type or print legibly. NOTE: See instructions on reverse before filing. SATE OF DAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: SES ConstructSon 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 3. The general type of business transacted under the assumed business name is: Ht. LA Box 355A, Ztelstows, D 83544 3. The general type of business transacted under the assumed business name is: Submit Certificate of Address Bervices Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assement West poolse as 3720 Basement West poolse as 25.00 fee to: Services Scretary of State 700 West Jefferson Basement West poolse as 2320 Baise 10 83720-0080 208 334-2301 5. Name and address for this acknowledgment copy is (righter than # 4 above): Phone number (optional):
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COPY IS (if other than # 4 above): $(208) 628 - 3156$
Secretary of State use only
Signature:
Signature: Jonya Ormsby Printed Name: TONVA ORMSBY Capacity/Title: Ofc. MGR/SEC.
Capacity/Title: Of MAR/SEC.
(see instruction # 8 on back of form)
1 @ 25.00 = 25.00 ASSUM NAME # 2