

## 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.

11 JAN -3 AM 8:57

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECREDARY OF STATE STATE OF IDAHO

D144277

| The assumed business name which the up<br>business is:  | undersigned use(s) in the transaction of                               |
|---|--|
| MR. C's Custom  | <u> </u>   |
| <ol> <li>The true name(s) and <u>business</u> address(e<br/>business under the assumed business name</li> </ol>                           |  |
| <u>Name</u>   | Complete Address   |
| CliftonTaylor   | (P.O.Box 3122  |
| · Misty Taylor  | / Bonners Ferry Id. 83805  |
| Physical-   |  |
| 3. The general type of business transacted u  | Bonners Ferry, Id 83805 under the assumed business name is:            |
| Wholesale Trade Construction  | on and Public Utilities<br>n   |
| <ul><li>✓ Services</li><li>✓ Agriculture</li><li>✓ Manufacturing</li><li>✓ Mining</li><li>✓ Finance, Insurance, and Real Estate</li></ul> | Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: |
| 4. The name and address to which future correspondence should be addressed:   | Secretary of State<br>700 West Jefferson<br>Basement West              |
| <u>Clifton Taylor - Owner</u><br><u>Histy Taylor - Co-Owner</u>   | PO Box 83720<br>Boise ID 83720-0080                                    |
| Name and address for this acknowledgm   | nent Phone number (optional):  |
| COPy is (if other than # 4 above).  | 208-290-1435   |
|   | Secretary of State use only  |
| 11/16.71  | - 1960 Lida  |
| Signature: (Signature required)   | IDAHO SECRETARY OF STATE   |
| Printed Name: Cliffon Taylor  | 9 01/03/2011 05:00<br>CK: 284 CT: 158818 BH: 1253264                   |
| Capacity/Title: Owner   | 1 0 25.00 = 25.00 ASSUM NAME # 2                                       |