

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. NOTE: See instructions on reverse be	유를 2 fore filing.
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(e business under the assumed business na Name  Rocald D Recqu	es) of the entity or individual(s) doing ame:  Complete Address  6025 HW 30 E  Mtn. Home, ID 83647
<ul><li>Wholesale Trade ☐ Construction</li><li>Services ☐ Agriculture</li><li>Manufacturing ☐ Mining</li></ul>	on and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Ron Bergh  6025 Hw. 30 E  MM. Home, TD. 83647	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only
gnature: Renal D. Berah	Thanh Secretary be state

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03/21/2006 05:00 CK: 165 CT: 158010 BH: 944543 1 0 25.00 = 25.00 ASSUM NAME # 2