50015

CERTIFICATE OF ASSUMED BUSINESS NAME

	the SECRETARY OF STATE, ST. Pursuant to Section 53-504, lo option of an Assumed Business N	laho Code,	NHO the undersign	ned gives notice of
	The assumed business name whi business is:	ich the unde	rsigned use	s) in the transaction of
	STEVENS STUMPGRINDING SER	VICE		
2.	The true name(s) and business a business under the assumed bus	ddress(es) iness name	of the entity of is/are:	or individual(s) doing
	<u>Name</u>	_		<u>Address</u>
	DEAN STEVENS		0 BOX 1527	PRIEST RIVER, ID 83856
3.	The general type of business tra	nsacted unc	er the assur	ned business name is:
	STUMPGRINDING SERVICES See categories on the reverse			
4.	The name and address to which correspondence should be addressed: STEVENS STUMPGRINDING SERVICE			
	PO BOX 1527			
	PRIEST RIVER, ID 83856			
		Signed	dleans	tevers
		Ву	self	
		Capacity_	owner !	operator
	Submit Certificate of Assumed Business Name and \$20.00 fee	to:	Customer#	
	Dusiless Name and 420.00 100			Secretary of State use only
	Secretary of State		Revision 10793	•
	700 West Jefferson		9	1DAHO SECRETARY OF STATE DATE 01/29/1997 0900 59264
	PO Box 83720 Boise ID 83720-0080			5 mile 01/63/1331 0300 33604
	Boise ID 03720-0000		ang pilan na luban, pmd	0(1: 1032 01511 75652 ASSUM NAME 1@ 20.00= 20.00
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