



# 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.

2014 AUG 11 PM 12:02

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.  
Instructions are included on back of application.

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

STEVE'S SERVICE PLUMBING

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

<u>Name</u>	<u>Complete Address</u>
<u>STEVE'S PLUMBING LLC</u>	<u>4221 ALMA LN NAMPA ID 83686</u>
_____	_____
_____	_____

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:

SAME AS 2

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

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

Signature: [Handwritten Signature]

Printed Name: Newell Sites

Capacity/Title: MANAGER

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/11/2014 05:00

CK:2131212 CT:172099 BH:1436882

1@ 25.00 = 25.00 ASSUM NAME #2

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