

Capacity/Title:\_

 $x \in \mathcal{F}_{k,n}$ 

## **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 OCT 30 AM 8: 52

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

SECRETARY OF STATE
STATE OF IDAHO

	The Fence Doctor	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	<u>Name</u>	Complete Address
		528 N Nebula Ave Star, Idaho 83669
	(W142720)	
3.	☐ Wholesale Trade ☐ Construction	der the assumed business name is: and Public Utilities
	Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Ultimate Fence Company, LLC 528 N Nebula Ave Star, Idaho 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
		Secretary of State use only
	d Name: Matthew McNulty	10AHO SECRETARY OF STATE 10/38/2014 05:00
apad	city/Title: Owner	CK:106315630762 CT:302736 BH:14474 16 25.00 = 25.00 ASSUM NAME #2
	ture:	TO THE TE