

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 JUL 25 AM 8: 41

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

TLED EFFECTIVE SECRETARY OF STATE

A S G Services	
The true name(s) and business address business under the assumed business r Name Scott A Gafford	s(es) of the entity or individual(s) doing name: Complete Address 1817 W Camelot Dr Nampa, ID 83651
3. The general type of business transacted ☐ Retail Trade ☐ Transportate ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Assumed Business
4. The name and address to which future correspondence should be addressed: A S G Services	Secretary of State 700 West Jefferson Basement West PO Box 83720
1817 W Camelot Dr Nampa, ID 83651	Boise ID 83720-0080 - 208 334-2301
 Name and address for this acknowledge copy is (if other than #4 above). 	ment Phone number (optional): 208-468-0515
	Secretary of State use only
gnature: Acata A Ebbland	πerath, p65
inted Name: Scott A Gafford	- I B I I I I I I I I I I I I I I I I I
apacity/Title: Owner (see instruction # 8 on back of form)	O / 25/2047 45 = 0 / 25/2047 45/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/2047 45 = 0 / 25/

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