

Capacity/Title: \_\_

## 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.

2015 APR -8 PM 3: 54

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned	ed use(s) in the transaction of
business is: HANDY HANDY Plus Ser-	inces
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Sesus S. Rug 3(5)	entity or individual(s) doing  Complete Address  Apple Lachian St  LD 13407
3. The general type of business transacted under the  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  315 Appalachian St  Caldwell LD 83607	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):  315 Applalachian St  Caldwell LD 83607	
Signature:	Secretary of State use only
Printed Name: 5 ESUS S. Puiz  Capacity/Title: 0 NW 6 R	IDAHO SECRETARY OF STATE 04/08/2015 05:00 CK:2735638 CT:172099 BH:14700: 10 25.00 = 25.00 ASSUM NAME #
Signature:	- 0.0
Printed Name:	D 118 174

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