FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

. The true name(s) and business address(es) o	of the entity or individual(s) doing
business under the assumed business name:	, , , , , , , , , , , , , , , , , , ,
Name	Complete Address
Scott Ross	PO Box 352, Cottonwood, ID 83522
B. The general type of business transacted unde	er the assumed business name is:
	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Graves Creek Construction	Basement West PO Box 83720
PO Box 352	Boise ID 83720-0080
Cottonwood, ID 83522	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above);	()
	Secretary of State use only
	•
ature: Scott Q Row	Secretary of State use only Secretary of State use only

g:\corp\forms\ Revise

Owner

(see instruction # 8 on back of form)

Capacity/Title:_