

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 08 JUN -6 AM 9: 00

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

Handyman Au	thority
The true name(s) and business address(es) of the business under the assumed business name:     Name     Jim A. Lawrence	the entity or individual(s) doing  Complete Address  same as below
3. The general type of business transacted under to the Retail Trade Transportation and	
Wholesale Trade ☐ Construction  ✓ Services ☐ Agriculture  ☐ Manufacturing ☐ Mining  ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  ☐ Jim A. Lawrence  ☐ 5606 Bear Lane  ☐ Caldwell, ID 83607	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 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):	
gnature:  (signature required)  rinted Name:  Jim A. Lawrence  apacity/Title:  Owner	Secretary of State use only    D   224   7
apacity/Title: Owner (see instruction # 8 on back of form)	* Ø6/Ø6/2008 Ø5:00 CK: 9308 CT: 226690 BH: 111844 1 @ 25.00 = 25.00 ASSUM NAME