FILED EFFECTIVE

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

07 OCT 22 AM 8: 48
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)

Capacity/Title:

BUI	ILDING AND HOME MAIN	NTENANCE	
The true name(s) and business business under the assumed t Name	s address(es) of the e ousiness name:	entity or individual(s) doing Complete Address	
DAVID NICHOLAS 2187		MEPPEN DRIVE, IDAHO FALLS ID 83401	

3. The general type of business t	ransacted under the a	assumed business name is:	
☐ Wholesale Trade ☐ C ☐ Services ☐ A	h future	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 ad copy is (# other than # 4 above):	knowledgment		the Was specify . Though manages
SAME			
O7 114712		Secretary of State use only	
		decreally of state use offly	

IDAHO SECRETARY OF STATE
10/22/2007 05:00
CK: 488 CT: 158910 BH: 1881585
1 0 25:00 = 25:00 ASSUM MANE # 2

