



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.

03 MAR 26 PM 2:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Long knife Drywall

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Cassidy N. Christensen

Complete Address

21860 Towns Village
#714 Caldwell Id
83607

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input checked="" type="checkbox"/>	Construction
<input type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

4. The name and address to which future correspondence should be addressed:

21860 Towns Village
#714 Caldwell Id
83607

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

284-4986

Signature: Cassidy Christensen
(signature required)

Printed Name: Cassidy Nelson Christensen

Capacity/Title: Owner

(see instruction # 8 on back of form)

8100form500n form500n.p65
Revised 09/2002

Secretary of State use only

IDaho SECRETARY OF STATE
03/26/2003 05:00
CK: CASH CT: 158810 BH: 671035
1 @ 20.00 = 20.00 ASSUM NAME # 2

D63976