



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

01 FEB 26 PM 1:41

SECRETARY OF STATE  
STATE OF IDAHO

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

HARVEY SPECIALIZED LABOR

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

<u>Name</u>	<u>Complete Address</u>
<u>HARVEY W. BECK</u>	<u>9350 COLLEEN DR. BOISE, ID. 83709</u>
_____	_____
_____	_____

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 type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

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

HARVEY W. BECK  
9350 COLLEEN DRIVE  
BOISE, ID. 83709

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

HARVEY W. BECK  
9350 COLLEEN DR.  
BOISE ID. 83709

Phone number (optional):

208 322 2391

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/26/2004 05:00  
CK: 3755 CT: 150010 BH: 729554  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Harvey W. Beck  
(signature required)

Printed Name: HARVEY W. BECK

Capacity/Title: Owner/President  
(see instruction # 8 on back of form)