## HED SEEECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the ubusiness is:  Jake's Transport	the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Jake Fouts  3. The general type of business transacted under the assumed business address(e	Complete Address 611 autumn place nampa idaho 83686
Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: 611 autumn place nampa, idaho 83686  5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature:fur- inted Name: Jake Fouts	Secretary of State use only  IDAHO SECRETARY OF STATE  12/15/2014 05:00
apacity/Title: owner gnature:	CK:CASH CT:158010 BH:145

97 #2

1)175524

Printed Name: \_\_\_\_\_

Capacity/Title:\_\_