



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 AUG 31 AM 9:15**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

ZIPWAX.NET

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

EDDIE HEINEN 3842 N. Palmer Dr. COA ID 83815  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

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

4. Mailing address for future correspondence:

EDDIE HEINEN  
(Name)  
3842 N. Palmer Dr.  
(Address)  
COA ID 83815  
(City) (State) (Zipcode)

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

SAME  
(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: EDDIE HEINEN

Signature: [Signature]

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2017 05:00

CK: NO CK# CT: 344993 BH: 1600822

1@ 25.00 = 25.00 ASSUM NAME #2

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