

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25,00.

FILED EFFECTIVE

1.	The assumed business name which the undersigned use(s) in the transaction to the pusiness is: STATE OF STATE Jim's Reliable Handyman Services					
	,,,,,			-,	MAHC .	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	Jim Gray		2080 N. Strahorn Rd. Hayden, Idaho 83835			
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)		<u> </u>		
3.	The general type of busin Retail Trade Wholesale Trade Services	ess transacted under the Construction Agriculture Manufacturing	☐ Transp ☐ Mining	ortation and Public U		
4.	Mailing address for future	correspondence:	5. Name and ad copy is (If other t	dress for this acknov	vledgment	
	Jim's Reliable Handyman Services					
	(Name) 12080 N. Strahorn Rd		(Name)			
	(Address)		(Address)			
	Hayden, ID 883835		-2:			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Pri	nted Name: Jim Gray		Secretary of State use only			
Pr	gnature:		IDAHO SECRETARY OF STATE 04/19/2018 05:00 CK:2235 CT:342045 BH:1639305 1@ 25.00 = 25.00 ASSUM NAME #2			
Pri	nted Name:		D202099			

Rev. 08/2015