



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**Instructions are included on back of application.**

**FILED EFFECTIVE**

2012 AUG 22 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

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

SDAdish.com

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

Name

Complete Address

Max Ocon

PO Box 895, Priest River, ID 83856

Natalie Ocon

PO Box 895, Priest River, ID 83856

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input 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 |  |

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

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

SDAdish.com

PO Box 895

Priest River, ID 83856

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Max Ocon*

Printed Name: Max Ocon

Capacity/Title: Owner

Signature: *Natalie Ocon*

Printed Name: Natalie Ocon

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/22/2012 05:00  
CK: 5616 CT: 273515 BH: 1336826  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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