227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 AUG -8 PM 3: 06

SECRETARY OF STATE STATE OF IDAHO

D204640

·	STATE OF IDAHO
1. The assumed business name which the undersign	ned use(s) in the transaction of business is:
Chris Wilson Jawn Care	
2. The individual and/or entity names and business a the assumed business name (do not include the name)	e you listed in #1):
Christopher M Wilson	135 diamond Cot BH Samon
(Name) (Address)	&3 Y
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
2. The general type of husiness transported under the	a accumed business name is:
3. The general type of business transacted under the	_
☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture	☐ Transportation and Public Utilities☐ Mining
Services Manufacturing	Finance, Insurance, and Real Estate
(
4. Mailing address for future correspondence:	5. Name and address for this acknowledgment
0100 5-0100 (37)	COPY is (if other than # 4):
Christopher Wilson	(Name)
135 Diamond Crk Pd.	(Address)
Salman Id. 83467	(7-60-654)
(City) (State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Christopher Wilson	Secretary of State use only
Signature: Chris Wcts	
	10AHO SECRÉTARY OF STATE 08/08/2018 05:00
Printed Name:	CK: 19854936 CT: 172099 BH: 1657909
Signature:	16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	
Signature:	1 200/00