

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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



*	TE TO S	Filing fee: \$25	.00.			SECRETARY OF	? <i>2</i>	
1.	Filing fee: \$25.00. SECRETARY OF STATE OF OF ST							
	ODD							
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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):							
	Nick Jones		1402 W. Darrah Dr. Meridian ID. 83646					
	(Name)		(Address)					
	(Name) (Address)							
	(Name)		(Address)	(Address)				
	(Name) (Address)							
3.	Retail	Trade esale Trade	ess transacted under Construction Agriculture Manufacturi	n	Trans	sportation and Public l		
4.	Mailing address for future correspondence:			5.	 Name and address for this acknowledgment copy is (if other than # 4): 			
	Nick Jones							
	(Name) 1402 W. I	Darrah Dr.			(Name)			
	(Address)				(Address)			
		ID 83646	(Stata) (Zinaada)		/City/	(State)	(Zipcode)	
	(City)		(State) (Zipcode)		(City)	(State)	(Zipcode)	
Pr	Printed Name: Nick Jones				Secretary of State use only			
Si	Signature:					IDAHO SECRETARY OF ST	АТЕ	
Pr	Printed Name:				09/07/2016 05:00 CK:CASH CT:275950 BH:1545282			
Si	Signature:					.00 = 25.00 ASSUM	NAME #2	
	inted Name	ə:			D189018			

Rev. 08/2015