



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 AUG 27 AM 8:34

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

JACKMAN TILE

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

GEORGE L. JACKMAN

43843 Hwy. 200, HOPE IDAHO
83836

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

JACKMAN TILE
43843 Hwy. 200
HOPE, IDAHO, 83836

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

JACKMAN TILE
c/o SANDI JACKMAN
2039 MAIN ST. GOODING ID.
83330

Signature: Sandra Jackman

Printed Name: Sandra Jackman

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/27/2014 05:00
CK:2272 CT:300522 BH:1439025
1@ 25.00 = 25.00 ASSUM NAME #2

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