

227



# 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 FEB 10 AM 11:52

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.  
Instructions are included on back of application.

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

J&T OUTPOST

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

Judy McEntarffer

215 E Main Jerome ID 83338

Terry Daniels

215 E Main Jerome ID 83338

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 |  |

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

J&T OUTPOST

215 E Main

Jerome ID 83338

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

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

Signature: Judy McEntarffer

Printed Name: Judy McEntarffer

Capacity/Title: CO-Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/10/2014 05:00  
CK: 1698198 CT: 172099 BH: 1410003  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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