

Printed Name: \ \aum

Capacity/Title:\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG 25 AM 11:48

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 und business is:	
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Jolene Smith  Jeymie Cady	) of the entity or individual(s) doing
3.	The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:  Jolene Smith  3869 Wez Perce  Roise IO 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
	city/Title: Co-Owner	IDAHO SECRETARY OF STATE  OB/25/2010 05:00  CK: 218 CT: 158010 BH: 1236224  18 25 99 = 25 99 9550M NAME # 2

abn.pmd Rev. 07/2010