(Name)

(Name)

(Name)

X Retail Trade

Services

Signature:

Printed Name:

Printed Name:

Signature:

Signature \_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



2016 JUN -6 AM 10: 05 1. The assumed business name which the undersigned use(s) in the transaction of business 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Act Direct UC 4025 E. 136 N. Rigby, ID. 83442 (Address) (Address) (Address) 3. The general type of business transacted under the assumed business name is: Construction Transportation and Public Utilities Wholesale Trade Agriculture Mining Manufacturing Finance, Insurance, and Real Estate Mailing address for future correspondence: 5. Name and address for this acknowledgment CODV IS (if other than # 4). (Address) (City) (Zipcode) Printed Name: Justin Jenkins Secretary of State use only IDAHO SECRETARY OF STATE 06/06/2016 05:00 CK:856 CT:325262 BH:1531834 10 25.00 = 25.00 ASSUM NAME #2

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