



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 MAR 26 AM 9:47

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:

Idaho Food Delivery

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Jessica Jacobson</u>	<u>335 Lansing St Blackfoot ID 83221</u>
<u>Michael Jacobson</u>	<u>335 Lansing St Blackfoot ID 83221</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Idaho Food Delivery
335 Lansing St
Blackfoot, ID 83221

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

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

Signature: Jessica J

Printed Name: Jessica Jacobson

Capacity/Title: Owner/Operator

Signature: Michael Jacobson

Printed Name: Michael Jacobson

Capacity/Title: Owner/Operator

Secretary of State use only

IDAHO SECRETARY OF STATE
03/27/2012 05:00
CK: 142 CT: 268572 BH: 1316967
1 @ 25.00 = 25.00 ASSUM NAME # 2

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