



# 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**

2002 DEC 20 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

M+L ELECTRICAL CONTRACTORS

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
<del>Matthew Jacobs</del>	Physical: 408 N 200 Spirit Lake
<u>MATTHEW JACOBS</u>	<u>PO Box 274 Spirit Lake ID 83869</u>
<u>LAURINDA JACOBS</u>	<u>same as above</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 checked="" 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 |  |

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

MATT JACOBS  
PO Box 274  
SPIRIT LAKE ID 83869

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

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

Phone number (optional): \_\_\_\_\_

Signature: Laurinda Jacobs  
(signature required)

Printed Name: LAURINDA JACOBS

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\subn\form\slbn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE  
12/20/2002 05:00  
CK: 2799 CT: 158010 BH: 652599  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 60868