

Signature:

Signature:

Printed Name:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 MAR 12 AM 10: 18

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Pro Side 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): PO Box 624, Cocolalla, ID 83813 Jessica Hunt (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: X Retail Trade Construction Transportation and Public Utilities Agriculture Wholesale Trade Mining Manufacturing Services Finance, Insurance, and Real Estate Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4). Jessica Hunt (Name) (Name) PO Box 624 (Address) (Address) Cocolalla 83813 ID (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name Jessica Hunt Secretary of State use only Signature: IDAMO SECRETARY OF STATE 03/12/2018 05:00 Printed Name: CK:1035 CT:354321 BH:1631739

Rev. 08/2015

1)201033

18 25.00 = 25.00 ASSUM NAME #2