



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2006 SEP 19 AM 8:59

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:

JACOB FINISHING

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

Name

NICK JACOB

Complete Address

9605 429W VICTOR ID
83455

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	

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

NICK JACOB
9605 429W VICTOR ID
83455

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301~2080

(FAX)

Phone number (optional):

208-201-1186

Secretary of State use only

Signature: MICHAEL JACOB
(Signature required)

Printed Name: NICK JACOB

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Signature Information Form
Revised 07/03/03

0103880

IDaho SECRETARY OF STATE
09/19/2006 05:00
CK: 915218 CT: 172899 BH: 975851
1 @ 25.00 = 25.00 ASSUM NAME # 2