Capacity: General Part ner

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.	JMED BU See instruction	SINESS NAME OF FILED/EFFECTIVE
	To the SECRETARY OF STATE, STA	laho Code, the	e undersigned to the same and t
1.	The assumed business name which the u		
	business is:	0, -	1.
		Goin tri	ickina
2.	The true name(s) and business address(e business under the assumed business na		y or individual(s) doing
	John W. Goin Jr	202 1 1	mplete Address Novit Ave Buckey Id. 83318
	Emery L. Goin	1981 Hille	rest spc. C9 Burley Id. 83318
			00016
3.	The general type of business transacted (mark only those that apply)	under the assu	ımed business name is:
	 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Construction 	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:	Phone numbe	r (optional): <u>208 - 679-2816</u>
	\$ John Goin		Submit Certificate of
	393 N. Concert Ave.		Assumed Business Name and \$20.00 fee to:
	Buckey IA 83318		l i
4	3		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Basement West PO Box 83720
	Same		Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		98/L 0	
Signatu	ire: Only 10	Revision 1798	
		w	IDAHO SECRETARY OF STATE 07/11/2001 09:00
rinited	Name: John Coin	\$9 Lg	CK: 1983 CT: 148674 BH: 487244 1 8 28.88 = 28.88 ASSUM NAME # 2

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