



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

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

**FILED EFFECTIVE**  
2006 JAN -9 AM 10:27

SECRETARY OF STATE  
STATE OF IDAHO

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

J + J SAWMILL

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>JOSEPH P. Chmelik</u> | <u>223 Lone Pine Lane</u> |
| <u>JULIE A. Chmelik</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 type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" 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:

Joe Chmelik - J + J Sawmill  
223 Lone Pine Lane  
Grangeville, ID 83530

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

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

as above

Phone number (optional):

208-983-3881

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: JOSEPH P. Chmelik

Capacity/Title: Owner / operator

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/09/2006 05:00  
CK: 3392 CT: 150010 BH: 930795  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 95263