



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -1 AM 9:55

**SECRETARY OF STATE
STATE OF IDAHO**

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

The Device Doctor

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):

Christopher Michael Jones 4808 W Cougar Circle, Coeur d Alene, ID 83815

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☒ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

The Device Doctor

(Name)

4808 W Cougar Circle

(Address)

Coeur d Alene

ID

83815

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Christopher Michael Jones

Signature: 

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/02/2016 05:00

CK:235 CT:158010 BH:1540057

10 25.00 = 25.00 ASSUM NAME #2

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