	CERTIFICATE OF ASSUM (Please type or print legibly. S			ns on reverse.)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	io Co	de, the i	undersigned 3 3
1.	The assumed business name which the und business is:	•		e(s) in the transaction of
	SMITH AND HA	NCO	CK.	OP F
2.	The true name(s) and business address(es) business under the assumed business name	e is/a	re:	
	Name J. D. Hancock	300	Con S. ZNO	mplete Address W., Rexburg, Id. 83440
3.	The general type of business transacted un (mark only those that apply)	der th	e assur	med business name is:
	☐ Retail Trade ☐ Manufacturing   ☐ Wholesale Trade ☐ Agriculture   ☒ Services ☐ Construction		-	nsportation and Public Utilities ance, Insurance, and Real Estate ling
4.	The name and address to which future correspondence should be addressed:	hone	number	(optional): (208) 356-5493
	J.D. HANCOCK Go Smith & Hancock P.O. Box 427 30 S. Zua W.			Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		1/98		Secretary of State use only  IDANO SECRETARY OF STATE
Signatu	ure: n. o. Armened	Revision 1/98		02/08/1999 09:00 K: 8331 CT: 78988 DH: 185981
Printed	Name: J.D. Harrock	<b>8</b>	1	1 8 28.86 = 28.88 ASSUM NAME 8 2
	ity: Sole proprietor (see instruction # 8 on back of form)	g'corplforms\abn.p65		D22910