



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

04 SEP -2 AM 11:16

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:

Blue Mountain Auto transport

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

Name

Complete Address

George Clifford Eoff 28901 S Orchard Acc Rd  
Jennifer Lynn Hughes Boise Idaho 83716

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

- |                                                              |                                                                         |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input 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 |                                                                         |

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

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

Jennifer Hughes  
28901 S. Orchard Acc Rd  
Boise Id 83716

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

Phone number (optional):

415-305-1401

Secretary of State use only

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

(signature required)

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
09/02/2004 05:00  
CK: CASH CT: 150810 BH: 764245  
1 @ 25.00 = 25.00 ASSUM NAME # 2