CERTIFICATE OF ASSU / ED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED	
To the SECRETARY OF STATE, STA E OF IDAHO Pursuant to Section 53-504, Ida to Code, the undersigned JUN 16 AM 9: gives notice of adoption of an A sumed Business Name, STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of	
J& C Septic Service	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Jack Licopo 83 Gos In Complete Address	
Cascade 10 836/1	
3. The general type of business transacted under the assumed business name is:	
Retail Trade	
4. The name and address to which future Phone number (optional): correspondence should be addressed:	
Submit Certificate of Assumed Business Name and \$20.00 feet	; o :
5. Name and address for this acki owledgmer Secretary of State 700 West Jefferson Basement West PO Pox 93720	
5. Name and address for this acknowledgment copy is (if other than # 4 above): 5 fer wig Saurings 208 334-2301	
POBOX 1067 Secretary of State use on INNE SECRETARY OF STATE	ly
MCa(1 P) 83638 - 1 CX: 944131 CT: 11493 M: 226	19 191
Signature: (1 200) 1 200 1 200 100	
Capacity: OWNER Capacity:	78
Capacity	

(see instruction # 8 on back of form) ,