

Printed Name: 600

Capacity/Title: 0000

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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.



Coast To Coast H	0751S
<ol><li>The true name(s) and business address(e business under the assumed business na</li></ol>	es) of the entity or individual(s) doing
Name	Complete Address
Gary Jonson Kathi Jenson	POBORA HOUR FD 832
3. The general type of business transacted t	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
Gary Jonson PO Plox 4 Howa ID 83244	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above).	nent Phone number (optional):
	Secretary of State use only

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IDAKO SECRETARY OF STATE

16/11/2007 15:00

CK: 92954805740 CT: 158810 BH: 1859296

1 8 25.00 = 25.00 ASSUM NAME # 2