

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE

2013 FEB 15 AM 10:05

SECRETARY OF STATE
STATE OF IDAHO

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

Hollingsworth Enterprises

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
<u>James H. Hollingsworth</u>	<u>3130 N. Conference Dr. CDA, 83815</u>
<u>Mary A. Hollingsworth</u>	<u>3130 N. Conference Dr. CDA, 83815</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

James H. Hollingsworth
3130 N. Conference Dr.
Coeur d'Alene, Id 83815

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

Secretary of State use only

Signature: James H. Hollingsworth
Printed Name: James H. Hollingsworth
Capacity/Title: Owner

Signature: _____
Printed Name: _____
Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/15/2013 05:00
CK: 1288069 CT: 172099 BH: 1360542
1 @ 25.00 = 25.00 ASSUM NAME # 2

D161039