

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.

SECON OF STATE OF IDAHO

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

 The assumed business name which the tobusiness is: 	
J/0	G & Sons
The true name(s) and <u>business</u> address(business under the assumed business na <u>Name</u> John & Margaret Malcom	· ·
	Eagle, ID 83616
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Services Agriculture	ion and Public Utilities on
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business te Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: J/G & Sons 3101 N. Palmer Ln.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Eagle, ID 83616	208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	
Signature: Am Malegy	Secretary of State use only
Printed Name: John Malcom	_
Capacity/Title; Owner, Signature: M. M. Cor-	IDAHO SECRETARY OF STATE
Printed Name: Margaret Malcom	07/12/2011 05:00 CK: 2183 CT: 268592 BH: 128212
Capacity/Title: Owner	1 0 25.00 = 25.00 ASSUM NAME

abri.pmd Rev. 07/2010

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