Signature:

Printed Name

Capacity/Title: ()www.a/

(see instruction # 8 on back of form) ...

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME 08 OCT 17 AM 8: 38

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

Please type or print legibly.

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the business under the assumed business name:	
Name	Complete Address
Jonathan Burns 82	Z E Young Ave
	eur d'Alane, 10
9	3814
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction	i e
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
same as above	(208) <b>33</b> 4-2301
	·

IDAHO SECRETARY OF STATE 10/17/2008 05:00 CK: 162540 CT: 172099 BH: 1148483 1 0 25.00 = 25.00 ASSUM NAME #