

Printed Name: Jobi

Capacity/Title:

(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.

04 APR 15 PH 1:07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

business is:	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Todi Herndon 21 Be	e entity or individual(s) doing Complete Address 20 W. State St DISE ID 83702
The general type of business transacted under the	
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tobi Hermon 2120 W. State St Boise ID 83702	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 870-34 86
ature:	Secretary of State use only

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HERNDON

IDAHO SECRETARY OF STATE @4/15/2004 05:00 CK: CASH CT: 158010 BH: 739497 1 0 25.00 = 25.00 ASSUM NAME # 2