

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 JAN -5 AM 9:21

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

NOBLES

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

JOHN FIRTH

1050 WEST 360 SOUTH, HEYBURN, ID 83336

CAROLYN FIRTH

1050 WEST 360 SOUTH, HEYBURN ID 83336

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input 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 |  |

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

JOHN FIRTH

1050 WEST 360 SOUTH

HEYBURN ID 83336

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):

Secretary of State use only

Signature: John Firth

(signature required)

Printed Name: John Firth

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/05/2007 05:00  
CK: 9843784 CT: 158810 BH: 1024896  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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