

## 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.

11 MAR 31 AM 11: 36

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the ubusiness is:	
2. The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing
Name Jeremy Vines	Complete Address 4907 W Moonlake Dr Meridian, 1D 83646
3. The general type of business transacted  Retail Trade  Wholesale Trade  Construction	on and Public Utilities
Services	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Signature:	Secretary of State use only
Printed Name: <u>Jeremy Vines</u> Capacity/Title: <u>DN ner</u> Signature:	- IDANO SECRETARY OF STATE - 93/31/2011 95:00 CK: 3811 CT: 158010 RM: 1267030 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name:	-
Capacity/Title:	- 1 DIW-502

abn.pmd Rev. 07/2010