

Capacity/Title: owner

(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.

SECH STATE

D 83630

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business under the assumed business	name:
<u>Name</u>	Complete Address
Jon Moore	15485 Soces Rest Cr. Rd
	Mountain Home, ID 83647
The general type of business transacters.	ed under the assumed business name is:
Retail Trade Transport	ation and Public Utilities
☐ Wholesale Trade ☒ Construc	
☐ Services ☐ Agricultu	
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Es	state Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Till	Basement West PO Box 83720
Jon Moore	<u> </u>
15485 Soles Rest Cr. Ra	208 334-2304
Mountain Home, ID 83	264/
5. Name and address for this acknowled	dgment Phone number (optional):
COPy is (if other than # 4 above):	208-796-224
	Secretary of State use only
	50
. 1011.	Sed of the secretary of State
nature: (signature required)	IDAHO SECRETARY OF STA 01/21/2005 05 01/21/2005 05 05/21/2005 05/2005 05/2
(Signature required)	6 d 01/21/2005 05