

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

> (signature required) JOHN THOMAS WOOD

> > **MANAGER**

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

SECRETARY OF STATE OF DAYON AND SERVED 1. The assumed business name which the undersigned use(s) in the transaction of

business under the assumed business name: Name JOHN THOMAS WOOD	Complete Address PO BOX 291, NEWDALE ID 83436
The general type of business transacted unde Retail Trade Transportation ar	•
Wholesale Trade Construction Services X Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: JOHN THOMAS WOOD PO BOX 291 NEWDALE, ID 83436	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

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