

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

07 OCT 10 AM 8: 36

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
Jan S Cook	4956 NE Statson
	MT Home ID 83647
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
4956 NE Statson MT, Home FO 8364	(208) 334-2301
i. Name and address for this acknowledgmer copy is (if other than # 4 above):	

IDAHO SECRETARY OF STATE
10/10/2007 05:00
CK: 6293 CT: 158010 BH: 1079721
1 0 25.00 = 25.00 ASSUM NAME # 2

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