

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 APR 16 AM 9: 1

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

The true name(s) and <u>business</u> address(e business under the assumed business name Name	
Mark Toone	2096 E. 1500 S Gooding, ID 83330
Nancy Toone	2096 E. 1500 SGooding, ID 83330
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities n Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Toone Partnership 2096 E. 1500 S. Gooding, ID. 83330	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 (ff other than # 4 above):	ent
	Secretary of State use only
ignature: Nay M Janz	IDAHO SECRETARY OF STATE
rinted Name: Nancy M. Toone Capacity/Title: partner cignature: Mark S. Acone	CK:210 CT:309104 BH:147134 10 25.00 = 25.00 ASSUM NAME

abn.omd Rev. 07/2010

partner

Capacity/Title:___