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CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **2013 NOV 13 PM 2:45**
submits for filing a certificate of Assumed Business Name.

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 undersigned use(s) in the transaction of business is:

J PLUS AUTO SALES AND REPAIRS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Eldon Hobbs

901 stevens ave #3, filer idaho 83328

Robert P. McDaniel

901 stevens ave #3, filer idaho 83328

Lisa L. Hobbs-McDaniel

232 Elm st, twin falls, idaho 83301

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Robert P. McDaniel, C/O Janitorial Plus, LLC

232 Elm Street

Twin Falls, Idaho. 83301 (208) 404-0977

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Robert P. McDaniel

Printed Name: Robert P. McDaniel

Capacity/Title: General Manager

Signature: Lisa L. Hobbs-McDaniel

Printed Name: Lisa L. Hobbs-McDaniel

Capacity/Title: President/CEO

Secretary of State use only

9/21/2012

idn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
11/13/2013 05:00
CK: 1689996 CT: 172099 BH: 1397748
1 @ 25.00 = 25.00 ASSUM NAME # 2

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