

## **FILED EFFECTIVE CERTIFICATE OF** ASSUMED BUSINESS NAME 3 MAR 25 AM 9: 31

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

Please type or print legibly.

## Instructions are included on back of application.

2. The true name(s) and <u>business</u> add	. ,	ntity or individual(s) doing	
business under the assumed busine Name	ess name:	Complete Address	
F. MITCHELL JACOBS	2406 NOD	<u>Complete Address</u> 2496 NORTH 2375 EAST, HAMER, ID 83425  2496 NORTH 2375 EAST, HAMER, ID 83425	
VALYNN H. JACOBS			
3. The general type of business transa	icted under the as	ssumed business name is:	
	ortation and Publi	ic Utilities	
	ruction		
☐ Services ☐ Agricu		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	
☐ Finance, Insurance, and Real	Estate	Name and <b>\$25.00</b> fee to:	
4. The name and address to which fut		Secretary of State	
correspondence should be address	ed:	450 North 4th Street PO Box 83720	
F. MITCHELL JACOBS  2496 NORTH 2375 EAST	<del></del>	Boise ID 83720-0080	
HAMER, ID 83425	<del></del>	208 334-2301	
	<b>L</b>		
<ol><li>Name and address for this acknowledge copy is (if other than # 4 above):</li></ol>	eagment		
55 <b>P,</b> 55 (0 said: main: 1 said: 5,			
		Secretary of State use only	
nature:			
nted Name: F. MITCHELL JACOBS			
pacity/Title: OWNER			

IDAHO SECRETARY OF STATE

03/26/2013 05:00

CK: 1742572 CT: 261127 BH: 1366456
1 9 25.88 = 25.88 ASSUM NAME # 2

D161974

Signature: \_

Printed Name: Capacity/Title: