



# 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

2012 MAR 12 AM 9:56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Rocky Mountain Bonsai

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

Julie A. Jacobson

1811 N. Bramble Lane, Idaho Falls, ID 83402

Jacob J. Jacobson

1811 N. Bramble Lane, Idaho Falls, ID 83402

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 checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input checked="" 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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Julie A. Jacobson & Jacob J. Jacobson

1811 N. Bramble Lane Idaho Falls, ID

83402

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

same as # 4

Phone number (optional):

Secretary of State use only

Signature: Julie A. Jacobson

(signature required)

Printed Name: Julie A. Jacobson

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
03/12/2012 05:00  
CK: 2512 CT: 268054 BH: 1314727  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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