

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2014 APR 25 AM 9: 15

FILED EFFECTIVE

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. Instructions are included on back of application.

. The true name(s) and <u>business</u> address	· · · · · · · · · · · · · · · · · · ·
business under the assumed business  Name	s name: <u>Complete Address</u>
Jill E Whitcomb	PO Box 207 Deary ID 83823
. The general type of business transacte	ed under the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construct</li> <li>Services ☐ Agricultu</li> </ul>	ure
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Es</li></ul>	Submit Certificate of Assumed Business state Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed.  Jill E Whitcomb	450 North 4th Street PO Box 83720
PO Box 207	Boise ID 83720-0080 208 334-2301
Deary, ID 83823	
Name and address for this acknowledge copy is (if other than # 4 above):	gment 

CK:726001 CT:296124 BH:1422036 1@ 25.00 = 25.00 ASSUM NAME #2

D170730

Capacity/Title: Owner

Printed Name: \_\_

Capacity/Title:\_\_

Signature: