



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 NOV 18 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Double Trouble Bail Bonds

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

<u>Name</u>	<u>Complete Address</u>
<u>Hamilton Bail Bonds</u>	<u>PO BOX 44812</u>
<u>(W98011)</u>	<u>LLC BOISE, ID 83711</u>

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

- | | |
|---|--|
| <input 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 checked="" 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:

Hamilton Bail Bonds
PO BOX 44812
BOISE, ID 83711

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

Signature: [Signature]

Printed Name: Jacana Hamilton

Capacity/Title: Owner

Signature: [Signature]

Printed Name: Jacana Hamilton

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2010 05:00
CK: CASH CT: 252829 BH: 1247770
1 @ 25.00 = 25.00 ASSUM NAME # 2

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