

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

2009 JAN -7 AM 8: 24

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business nan Name	
JAMES D. ATKINSON	2145 BRANDON DR
	IDAHO FALLS, 1083402
	208 589 3582
The general type of business transacted ur	JD @ ATKINSON. NET
Retail Trade Transportation	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
	PO Box 83720 Boise ID 83720-0080
J.D. ATKINSON	(208) 334-2301
2145 BRANDON DR	
IDAHO FALLS, ID 83	402
5. Name and address for this acknowledgme	ent the state of t
COPY is (if other than # 4 above):	
	Secretary of State use only
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