

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filling.

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The assumed business name which the undersigned to the second secon	ed use(s) in the transaction of
business is: ** WaxDUAND MANUFAC	5,00
WCCDC TO THOUT AC	TOTE/NG
 The true name(s) and <u>business</u> address(es) of the statements under the assumed business name: 	6
Ben Janes (owner) 9901	Complete Address LAKE HAZEL RD 25
<u> </u>	SC, ZD 8370702 0
3. The general type of business transacted under the	assumed business name is
☐ Retail Trade ☐ Transportation and Pu☐ Wholesale Trade ☐ Construction	ıblic Utilities
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, insurance, and Real Estate 4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Ben Jones	Basement West PO Box 83720
9901 LAKE HAZEL RD BOISE, ID 83709	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Secretary of State use only
135	
Printed Name: Ben Jones	
Capacity/Title: OWNER (see Instruction #8 on back of form)	
1	IDAHO SECRETARY OF STATE
	08/08/2002 05:0 CK: 249 CT: 158010 BH: 48163

1 9 29.00 + 20 00 ASSUM HAVE # 2