

CERTIFICATE OF ASSUMED BUSINESS NAME

MANAGER

(see instruction # 8 on back of form)

Capacity/Title:_

	AL.
	FILEDER
CERTIFICATE OF	
ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersing submits for filling a certificate of Assumed Business N	gned 🤼 🖟 📗
Please type or print legibly. NOTE: See instructions on reverse before filing.	
The assumed business name which the undersigne business is:	
HOME RUN TEAM	4
The true name(s) and business address(es) of the elbusiness under the assumed business name: Name	Complete Address
STEPHEN JONES	505 BANKSIDE DR.
	EAGLE, ID. 83616
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): 505 BANKSIDE DR.	Phone number (optional):208-761-0211
EAGLE, ID. 83616	Secretary of State use only
nature:	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
11/25/2002 05:00
CK: 1360 CT: 158010 BH: 647763
1 0 20.00 = 20.00 ASSUM NAME # 2