

business is:

Capacity/Fitle:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. THEFTER 2001 JUL 20 AN 8: 37

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

business under the assumed business name:

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned use(s) in the transaction of 2. The true name(s) and business address(es) of the entity or individual(s) doing

Name Maureen Rae Jackson	Complete Address P.O. Box 283, Greenleaf, ID 83626
3. The general type of business transacted under	the assumed business name is:
☐ Retail Trade ☐ Transportation and ☐ Wholesale Trade ☐ Construction	d Public Utilities
<ul> <li>✓ Services</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:      Maureen Jackson	Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O. Box 283	Boise ID 83720-0080
Greenleaf, ID 83626	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-880-7430
	Secretary of State use only
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apacity/Fitte: Owner §	1 8 25.00 = 25.00 ASSUM MARKE

Agate Creek