

CERTIFICATE OF ASSUMED BUSINESS NAME



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

STATE OF TOAHO

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

(see instruction # 8 on back of form)

2. The true name(s) and business address business under the assumed business in	s(es) of the entity or individual(s) doing
Name	Complete Address
JERRY R HARRINGTON	= 1725 WAShington PC.
7777	114m 00 T/3 23/5/6
4	TOATICH TO 0.3688
3. The general type of business transacted	d under the assumed business name is:
	ition and Public Utilities
☐ Wholesale Trade ☐ Constructi	
☐ Services ☐ Agriculture	e Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Esta	ate Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
1725 Washington IL	PO Box 83720
NAMPA IS \$3688	Boise ID 83720-0080 208 334-2301
	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	gment Phone number (optional):
	Secretary of State use only
nature: A A	IDAHO SECRETARY OF STATE 3/84/2803 95=8
	— IEX
nted Name: Scritt Harring	IDANO SECRETARY OF STATE

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