



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2017 APR -3 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:
Bullard Enterprises

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Joel Bullard 219 W. Walnut Ave. Coeur d'Alene, ID 83814
(Name) (Address)

Krista Bullard 219 W. Walnut Ave Coeur d'Alene, ID 83814
(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Joel Bullard
~~219 W. Walnut Ave~~
(Name)
219 W. Walnut Ave
(Address)
Coeur d'Alene, ID 83814
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Joel Bullard

Signature: [Handwritten Signature]

Printed Name: Krista Bullard

Signature: [Handwritten Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2017 05:00

CK:1048 CT:337256 BH:1576925
1@ 25.00 = 25.00 ASSUM NAME #2

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