

Printed Name:

Capacity/Title:\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly.

2006 NOV 13 AM 9: 18

<ol> <li>The true name(s) and business address(es) business under the assumed business nam Name</li> </ol>	) of the entity or individual(s) doing e: Complete Address
Joel Hendricks	475 H'ST.
	Idaho Falls ID
	83402
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Woven Threads	PO Box 83720
475 H'St. Idaho Falls, ID 83402	Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgmen</li></ol>	nt Phone number (optional):

IDAHO SECRETARY OF STATE
11/13/2006 05:00
CK: 260270 CT: 206359 BH: 1012903
1 0 25.00 = 25.00 ASSUM NAME # 2

D105459