



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 FEB -2 AM 11:26
SECRETARY OF STATE
STATE OF IDAHO

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

NIPE

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):

Robert Scockell 9455 S Cherry Apple Ave Kuna ID 83634
(Name) (Address)

_____ (Name) _____ (Address)

_____ (Name) _____ (Address)

_____ (Name) _____ (Address)

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

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

4. Mailing address for future correspondence:

Robert R Scockell
(Name)

9455 S Cherry Apple Ave
(Address)

Kuna ID 83634
(City) (State) (Zipcode)

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

_____ (Name)

_____ (Address)

_____ (City) _____ (State) _____ (Zipcode)

Printed Name: Robert Scockell

Secretary of State use only

Signature: Robert Scockell

IDABO SECRETARY OF STATE

02/02/2016 05:00

CK:16327924 CT:172099 BH:1624799
1@ 25.00 = 25.00 ASSUM NAME #2

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

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