



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2016 SEP 19 AM 10:29

SECRETARY OF STATE
STATE OF IDAHO

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

North Idaho R.V. Technician

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):

Ed Horn 151 Chipakota Ln Oldtown Id 83822
(Name) (Address)

Rhonda Horn 151 Chipakota Ln Oldtown Id 83822
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Rhonda Horn
(Name)

151 Chipakota Ln
(Address)

Oldtown ID 83822
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Ed Horn

Signature: [Signature]

Printed Name: Rhonda Horn

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/20/2016 05:00

CK:2123 CT:158010 BH:1547054
1@ 25.00 = 25.00 ASSUM NAME #2

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