

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAY 12 AM 8: 54

SECREMARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

business is: 27 Man	nagement Group	
The true name(s) and <u>business</u> address business under the assumed business name Name		
J.J. Honeycutt	10916 N. Maple St. Hayden, ID 83835	
Sara Honeycutt	10916 N. Maple St. Hayden, ID 83835	
Wholesale Trade Construction	tion and Public Utilities on	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business	
The name and address to which future correspondence should be addressed: 10916 N. Maple St. Hayden, ID 82825	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledge copy is (if other than # 4 above): Same as above.	nent	
	Secretary of State use only	
gnature: Hovegrub	_	
inted Name: J.J. Honeycutt	_	
apacity/Title: Manager	_	
gnature:	IDANG SECRETARY OF STATE - 95/12/2011 95:00	
inted Name:	CK: 1187 CT: 158010 BH: 127332 1 0 25.00 = 25.00 ASSUM MAME	

abn.pmd Rev. 07/2010

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