

## 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 MAR -7 PM 12: 34

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

SECRET FRY OF STATE STATE OF IDAHO

IVOVI	rie Geeks
The true name(s) and <u>business</u> address(e business under the assumed business name	me:
<u>Name</u>	Complete Address
Jacob Garrison	517 Deep Creek Loop
	Naples, ID
	83847
The general type of business transacted u	inder the assumed husiness name is:
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, insurance, and Real Estate The name and address to which future correspondence should be addressed: P.O. Box 283  Naples, ID	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
83847	
Name and address for this acknowledgme copy is (if other than # 4 above):  Same as Above	
	Secretary of State use only
ature: 40.92.	
ature: Jacob Garrison	
ed Name: Jacob Garrison	
ed Name: Jacob Garrison acity/Title: Owner	IDAHO SECRETARY OF STA
ed Name: Jacob Garrison	IDAHO SECRETARY OF STA 현공/선거/2011 변5 CK: 507 CT: 150010 BH: 1 1 @ 25.00 = 25.00 ASSUM

abn.pmd Rav. 07/2010

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