

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT 10 AM 9:44

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

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

Rascals Rack

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Michelle Jobe</u>	<u>2748 W. Good Ct Boise, ID</u>
<del>Michelle Jobe</del>	<u>83702</u>

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

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

4. The name and address to which future correspondence should be addressed:

Michelle Jobe  
2748 W. Good Ct  
Boise, ID 83702

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080  
  
(208) 334-2301

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

Same

Signature: Michelle Jobe  
(signature required)

Printed Name: Michelle Jobe

Capacity/Title: Owner  
(see instruction # 8 on back of form)

g:\comp\information forms\abn.p65  
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/10/2008 05:00  
CK: 1622 CT: 158010 BH: 1139699  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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