CERTIFICATE OF ASSUMED BUSINESS NAME CONTROL OF ASSUMED BUSINESS N

	(Please type or print legibly. S	ee instructio	ns on reverse.)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the	undersigned 5
1.	The assumed business name which the un	dersigned us	e(s) in the transactမြှာတြင်
	business is:		33
	J B H Services		7,,
2.	The true name(s) and business address(es business under the assumed business name) of the entity ne is/are:	or individual(s) doing
•	Jahr Hoffman 2	115 17AVR	mplete Address S. MAMPA ID. 8365
3.	The general type of business transacted un (mark only those that apply)	ider the assu	med business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	nsportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future P correspondence should be addressed:	hone numbe	(optional):
	OBA Selvices		Submit Certificate of
	Ownel		Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		66/3	Secretary of State use only IDAHO SECRETARY OF STATE
	110	Revision 12/99	93/15/2991 99:00
natu	irei John Mottman	&	X: none CT: 143657 BH: 384986 1 0 20.80 = 20.80 CURRENCY # 1
	5 1 1 17 11X	1	

Sig

Printed Name: John Hottman

Capacity:__

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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