

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

7	FILED EFFECTIVE
CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Busines  Please type or print legibly.  Instructions are included on back of application	ersigned ss Name.
<ol> <li>The assumed business name which the undersign business is:</li> </ol>	gned use(s) in the transaction of
SPIDERDOMAIN	N.COM
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u>	ne entity or individual(s) doing  Complete Address
JASON MOBRATEN P.O.	BOX 3177 HAYDEN, ID 83835
3. The general type of business transacted under t  Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	JI
4. The name and address to which future correspondence should be addressed:  SPIDERDOMAIN.COM  P.O. BOX 3177  HAYDEN, ID 83835	Secretary of State 450 North 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):	
Signature:Printed Name: JASON MOBRATEN	Secretary of State use only
Capacity/Title: OWNER	
Signature: Printed Name:	IDANO SECRETARY OF STATE @7/18/2012

abn.pmd Rev. 07/2010

D156935