



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

07 SEP 17 AM 9:31

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:

Advance Custom Blinds

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>Jared Conder</u> | <u>338 S Milton Ave.</u> |
| | <u>Shelley ID 83274</u> |

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

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" 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:

338 S Milton Ave
Shelley ID 83274

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

(208) 357-5758

Secretary of State use only

Signature: _____

Jared Conder
(signature required)

Printed Name: _____

Jared Conder

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/17/2007 05:00
CX: 901 CT: 217567 BH: 1875826
1 @ 25.00 = 25.00 ASSUM NAME # 2

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