

Capacity/Title: Jacob Shime

(see instruction # 8 on back of form)

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

06 JAN -5 AM 11: 20

STATE OF DAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the under	rsigned use(s) in the transaction of
business is: Advanced Gean-Up)
- Havariagor Scart of	
The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name N	
Jacob Shimel 2	2221 E. Oakridge St.
	Boise Adaho 837/6
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
☐ Manufacturing☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Jake Shinel	PO Box 83720
2221 E. Calcridge St.	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	208-721-1339
	Secretary of State use only
Also None	
Signature: (signature required)	IDAHO SECRETARY OF STATE
Printed Name: Jacob Shime!	IDAHO SECRETARY OF STATE 1000

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