

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

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

2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	Jo Deurbrouck	3660 W. 81st S., Idaho Falis, ID 83402
3.	The general type of business transacted un	
	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Jo Deurbrouck 3660 W. 81st S. Idaho Falls, ID 83402	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
		Secretary of State use only
Capa	ed Name: Obeurbrouck city/Title: Owner	IDAHO SECRETARY OF STATE 05/08/2015 05:00 CK:6037 CT:309985 BH:1474575 16 25.00 = 25.00 ASSUM NAME #

D17890Z

Printed Name:

Capacity/Title:_