

Capacity/Title: nune1

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing. 6 17 15 PM 1:01 STATE WAHO

business is: A Helping Hand	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name 185 Book	Complete Address
3. The general type of business transacted under the	assumed business name is:
☐ Retail Trade ☐ Transportation and P☐ Wholesale Trade ☐ Construction	ublic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 11 ladonna Szurgot 1859 [Istock Rd Opt. 70] Boisl, T. J. 83713	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): (208) 919-074/
	Secretary of State use only
ignature: Madanna Szurato segurator	IDAHO SECRETARY OF STATE 93/15/2004 05:00 CK: 031510169115KAH CT: 172099 BH: 7329

CK: 031510169115KAH CT: 172099 BH: 732963 1 0 25.00 = 25.00 ASSUM NAME # 2