

Capacity/Title: OWNER/

(see instruction # 8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned FILED EFFECTIVE
submits for filing a certificate of Assumed Business Name.

06 AUG 15 PM 3

06 AUG 15 PH 3: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned	
business is:	_
SOUTHERN IDAHO MESSEN	IGER SERVICE
2. The true name(s) and <u>business</u> address(es) of the e	entity or individual(s) doing
business under the assumed business name:	
<u>Name</u>	Complete Address
JAKE DAVID HUNTINGTON ZIIOW	BOISEANE BOISEID 837
3. The general type of business transacted under the a	assumed business name is:
ST T ST	In Admittal
Retail Trade Transportation and Pub	olic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
· · · · · · · · · · · · · · · · · · ·	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
JAKE HUNTINGTON	PO Box 83720
	Boise ID 83720-0080
210 W. BOISE AVE.	208 334-2301
Boise, ID 83706	
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	(208) 284-9907
	(2007281 / 10)
<u>same</u>	_
	Secretary of State use only
1/6 1/- 1/-	
Signature:	
Signature: A Control of the Signature required of the Signature requir	
THE PARTY OF THE P	IDAHO SECRETORY OF THE

IDAHO SECRETARY OF STATE 08/15/2006 05:00 CK: 1196 CT: 158010 BH: 970191 1 25.00 = 25.00 ASSUM MANE # 2

D102764