



# 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.

OCT 11 PM 2:29

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 use(s) in the transaction of business is:

JAG VENDING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

MICHAEL S. GHIGHINA  
ANDREE GHIGHINA

Complete Address

622 S. VALLEY DR. NAMPA, ID 83686  
622 S. VALLEY DR. NAMPA, ID 83686

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

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

MIKE AND/OR ANDREE GHIGHINA  
622 S. VALLEY DR.  
NAMPA, ID. 83686

Submit Certificate of  
Assumed Business  
Name and **\$20.00** 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):

Signature:   
(signature required)

Printed Name: MICHAEL GHIGHINA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

corpformsain form5ain.p65  
Revised 07/2002

IDaho SECRETARY OF STATE  
10/11/2002 05:00  
CK: CASH CT: 158810 BH: 575698  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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