



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.

2015 JAN -2 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SONSHINE ENTERPRISES

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

<u>Name</u>	<u>Complete Address</u>
<u>(Jerry) GERALD Elzinga</u>	<u>700 MONROE ST.</u>
<u>Beth Elzinga</u>	<u>SALMON ID 83467</u>

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 checked="" 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:

700 MONROE ST.
SALMON ID
83467

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Gerald Elzinga
Printed Name: GERALD Elzinga
Capacity/Title: OWNER
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2015 05:00
CK:1012 CT:158010 BH:1455162
1@ 25.00 = 25.00 ASSUM NAME #2

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