

Capacity/Title: owner

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

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

			FUED EEEFOWN
O THE	CERTIFICATE OF	,	FILED EFFECTIVE
	ASSUMED BUSINESS	NAME	(20),
	Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	ne undersigned	S. S
	Please type or print legibly. Instructions are included on back of app	lication.	100 J.
1.	The assumed business name which the un business is:		
Shadetree Repair			
2.	The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u>	ne: <u>C</u>	Complete Address
	Jonathan Addington		Parma Idaho, 83660
	Heidi Addington		1/
4.	The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Jon Addington  31402 Hwy 18 Parma Idaho, 83660	and Public	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt :	
	ture new Manual		Secretary of State use only
Signa	ture: Kuda / / / / / / / / / / / / / / / / / / /		
Printe	d Name: Heidi Addington		

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

95/24/2012 95:00

CK: 357 CT: 278774 BH: 1325573

1 8 25.00 = 25.00 ASSUM NAME # 2

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