

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2819 NOV 24 AM 10: 49

SECRETARY OF STATE STATE OF IDAHO

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

<ol> <li>The true name(s) and <u>business</u> address( business under the assumed business n</li> </ol>	name:
Name Jacob O Cunningham	Complete Address  3650 W Bush Ct Boise Idaho 83703
<ul><li>Wholesale Trade</li><li>■ Construction</li><li>Services</li><li>Agriculture</li></ul>	tion and Public Utilities on
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Esta</li></ul>	Submit Certificate of Assumed Business ate Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Jacob O Cunningham	Secretary of State 450 North 4th Street PO Box 83720
3650 W Bush Ct Boise Idaho 83703	Boise (D 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above): same as above	nent
	7
gnature:	Secretary of State use only

CK: CASH CT: 158010 BH: 1450420 1@ 25.00 = 25.00 ASSUM NAME #2

D M5125

Signature:

Printed Name:

Capacity/Title: owner

Capacity/Title: