

## **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.

Please type or print legibly.	<u> </u>
NOTE: See instructions on reverse before filing	<u>.</u> .
	. Participation of the state o
The assumed business name which the undersign business is:      UBB Enterprises	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Jordan Briggs  Td	e entity or individual(s) doing  Complete Address  Plommon Circle  aho Falls, ID 83402
3. The general type of business transacted under the	e assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 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	Phone number (optional):
copy is (if other than # 4 above):	208-522.3245
	Secretary of State use only
Signature: Jordan Briggs  Printed Name: Jordan Briggs	IDAHO SECRETARY OF STATE 11/15/2004 05:00  CK: 9794 CT: 158010 BH: 776359 1 0 25.00 = 25.00 ASSUM NAME # 2

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(see instruction # 8 on back of form)

Capacity/Title:\_\_