



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
02 MAY 13 PM 4:40

SECRETARY OF STATE
STATE OF IDAHO

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

COBBS and COMPANY

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

Name

JOY COBBS

Complete Address

4566 W. QUAIL RIDGE DRIVE, BOISE, ID 83703

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

JOY COBBS

4566 W. QUAIL RIDGE DRIVE

BOISE, ID 83703

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

BOISE, ID 83703

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

Phone number (optional):

208-336-8159

Secretary of State use only

Signature: Joy Cobbs
(signature required)

Printed Name: JOY COBBS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\labn form\stahn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
05/14/2002 05:00
CK: 592 CT: 158010 BH: 465612
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS4914