

Capacity/Title:

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.

2013 APR 23 AM 8: 43

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

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersit business is:	STATE ()F ())AH() gned use(s) in the transaction of
2.	2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	Torya Jacob 2 William Jacob 2	85 South 413 West
		Jarone Ud 83338
3.	The general type of business transacted under t	he assumed business name is:
	Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
	☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:	Secretary of State
	Jacob Thteriors	450 North 4th Street PO Box 83720
	285 South 413 West (Jemme II) 83338	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
اد حدد		Secretary of State use only
rignature:		
	city/Title: QUINE	
Signature: IDAHO SECRETARY OF STATE		
Printed Name: William A Judo VI CX: 2112 CT: 158818 BH: 1378714		

abn.pmd Rev 07/2010

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