



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Hudson-Jones, Associates

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

| Name | Complete Address |
|---------------------|---|
| <u>Angie Hudson</u> | <u>3201 Kootenai Boise, Id. 83705</u> |
| <u>Joann Jones</u> | <u>2675 N. Snow Goose Way</u> <u>Meridian, Idaho</u> <u>83642</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

3201 Kootenai
Boise, Idaho 83705

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

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

Signature: Angie Hudson

Printed Name: Angie Hudson

Capacity: _____

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/1999 09:00

CK: none CT: 110724 BH: 185409

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 1/98
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