

FILED EFFECTIVE



# 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.

10 JUN 23 AM 8:28

SECRETARY OF STATE  
STATE OF IDAHO

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

Up The Joe Lodge

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

Name	Complete Address
<u>Chris Sands</u>	<u>31938t Maries River Rd St Maries, ID</u>
<u>Shilo Sands</u>	<u>3193 St Maries River Rd St Maries, ID</u>
<u>Donald Sands</u>	<u>5211 Bison DR Lincoln, NE 68516</u>
<u>Aletha Sands</u>	<u>5211 Bison DR Lincoln, NE 68516</u>

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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 type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Chris Sands  
3193 St Maries River Rd  
St Maries ID 83861

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
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: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Chris A. Sands

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

D140258

IDAHO SECRETARY OF STATE  
06/23/2010 05:00  
CK: 1002 CT: 249138 DH: 1227843  
1 @ 25.00 = 25.00 ASSUM NAME #