

## **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.

(see instruction #8 on back of form)

Please type or print legibly. NOTE: See instructions on reverse before filing.

02 SEP 12 AMIO: 11 MET NO UE SIAIL STATE OF IDAHO

<ol> <li>The assumed business name which the under business is:</li> </ol>	rsigne	d use(s) in the transaction of	
Jand M Paintins			
<ol> <li>The true name(s) and <u>business</u> address(es) o business under the assumed business name:</li> </ol>	f the er	ntity or individual(s) doing	
Name // Oliver	40.0	Complete Address	al_
Jordan Callinson			
JAM POINTING	2 <b>0</b> V	312 RAROLLS TO 83444	_
	) DX		,
3. The general type of business transacted under	er the a	assumed business name is:	
Retail Trade Transportation a Wholesale Trade Construction	and Pul	olic Utilities	
Services Agriculture		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business Name and <b>\$20.00</b> fee to:	
☐ Finance, Insurance, and Real Estate		·	
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>		Secretary of State 700 West Jefferson	
1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Basement West	
Bat 317 Dabate to		PO Box 83720 Boise ID 83720-0080	•
83444		208 334-2301	
5. Name and address for this acknowledgment	t	Phone number (optional):	
COPY is (if other than # 4 above):		208-228-2098	
		Secretary of State use only	
	<b>38</b>		
Signature: Land	g: corpVorms\abn forms\abn.p65 Revised 07/2002		
(signature required)	forms\abn forn Revised 07/2002	IDAHO SECRETARY OF STATE	
Printed Name: Joydon Kaklinsey	p Vorms Revise	09/12/2002 05:00 CK: CASH CT: 158818 BH: 48774	) 2 # 2
Capacity/Title:(see instruction # 8 on back of form)	locy:8	1 0 20.00 = 20.00 ASSUM HAME : D 58196	n C