



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **08 MAR 10 AM 9:22**  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE:** See instructions on reverse before filing.

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Action Handyman Services

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

Jabin Gabriel Munger

217C South Heigho Street, New Meadows, ID 83654

Dan Devany

217C South Heigho Street, New Meadows, ID 83654

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 |  |

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Jabin Gabriel Munger

217C South Heigho Street

New Meadows, ID 83654

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

Legalzoom.com, Inc. c/o Cindy Lee

7083 Hollywood Blvd. Suite 180

Los Angeles, CA 90028

Phone number (optional):  
\_\_\_\_\_

Secretary of State use only

Signature: X

*Jabin Gabriel Munger*  
(signature required)

Printed Name: Jabin Gabriel Munger

Capacity/Title: Co-Owner

(see instruction # 8 on back of form)

g:\corpforms\slabn form\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
**03/10/2008 05:00**  
CK: 127948 CT: 168878 BH: 1183538  
1 @ 25.00 = 25.00 ASSUM NAME # 2

**D119853**