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.

Please type or print legibly. Instructions are included on back of application. 11 JAN 26 AM 8: 34

ONYX properties	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Kirk Jackson	s name: <u>Complete Address</u>
	1334 N Main P 0 box 866
	Pocatello, Id 83204
3. The general type of business transacted.  Retail Trade Transport	·
Wholesale Trade Constructory Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es  4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State
correspondence should be addressed:  Onyx properties  p.o box 866	PO Box 83720 Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	gment
Signature: 2M Orokh	Secretary of State use only
rinted Name: Kirk Jackson apacity/Title: Owner	
ignature:	
rinted Name:	

IDAHO SECRETARY OF STATE

11/26/2011 05:00

CK: 15859 CT: 178221 BH: 1257019

25.80 = 25.00 ASSUM MANE # 2