

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 7503 SEP -4 AM 8: 58 submits for filing a certificate of Assumed Business Name.

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

(see instruction # 8 on back of form)

STATE OF IDAHO

Jones (	Career Specialt	lies
The true name(s) and business address business under the assumed business rame  Name  Denette Jones	name:	entity or individual(s) doing  Complete Address  D2 Gage Street, Boise, Idaho 83706
	ation and Pub	
<ul> <li>Wholesale Trade ☐ Constructing</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	e	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Denette Jones		Secretary of State 700 West Jefferson Basement West PO Box 83720
4702 Gage Street Boise, Idaho 83706	***************************************	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment	Phone number (optional):
		Secretary of State use only
nature: (syntature required)	ghcorpiformstabn formsiabn.p55 Revised 04/2003	N68585
ted Name: Denette Jones	pyformstabn form Revised 04/2003	IDANO SECRETARY OF STATE 09/04/2003 05:
pacity/Title: Executive Director	B.Y.B	CK: 1919 CT: 118269 BH: 6 1 @ 25.88 = 25.88 ASSUM N