

Printed Name: __ Capacity/Title: __

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2012 AUG 15 AM 9: 08

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	SMOKEY JOES
2. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> STEVE K OAKES	
Retail Trade Transport Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Est The name and address to which future correspondence should be addressed: STEVE OAKES PO BOX 1045	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
SPIRIT LAKE, ID 83869 Name and address for this acknowledge copy is (if other than #4 above):	gment
	Secretary of State use only

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

96/15/2012 95:90

CK: 1001 CT: 268989 BH: 1336923

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