



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

208.634.4548

503.749.1621

2012 OCT 26 AM 9:12

SECRETARY OF STATE  
STATE OF IDAHO

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

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2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>JESSICA RECORDS</u>	<u>P.O. Box 2292 McCall, IDAHO</u>
	<u>83638</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

JESSICA RECORDS  
P.O. Box 2292  
MCALL, IDAHO 83638

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Jessica Records

Printed Name:

Jessica Records

Capacity/Title:

Proprietor

Signature:

Jessica Records

Printed Name:

\_\_\_\_\_

Capacity/Title:

\_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/26/2012 05:00  
CK: 10032 CT: 158010 BH: 13452%  
1 @ 25.00 = 25.00 ASSUM NAME # 2