Printed Name:

Capacity/Title:___

Owner (see instruction # 8 on back of form)

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.

NOTE: See instructions on reverse before filing.

tox Acres Upho	Istery
The true name(s) and business address(es) obusiness under the assumed business name:	of the entity or individual(s) doing
Name	Complete Address
Julie Fox Jones	Box 116
	46 Fox Berei Road
	Hailey ID 83333
The general time of husiness to the second)
The general type of business transacted unde	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	nd Public Utilities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
	72000,000
he name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Dulie Fox Jones	PO Box 83720
Box 11h	Boise ID 83720-0080
Hailey IN 83333	208 334-2301
1	
Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	(208)788-9261.

D 80933

IDAHO SECRETARY OF STATE
10/14/2004 05:00
CX: 1760 CT: 158010 BH: 771884
0 25.80 = 25.80 ASSUM MANE # 2